MassHealth

Guide to the Remittance Advice for Paper Claims and Electronic Equivalents





Executive Office of Health and Human Services MassHealth May 2008



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Introduction

This guide describes in detail the remittance advice that MassHealth issues to providers in response to claims submitted on paper CMS-1500 or UB-04 claim forms or their electronic equivalents. For instructions on submitting paper claims, see the MassHealth Billing Guides for the CMS-1500 or UB-04 paper claim form.

For information about billing electronically, see the applicable MassHealth companion guides. For general administrative and billing instructions, see Subchapter 5 of your MassHealth provider manual.

General Explanation of Remittance Advice

For each pay cycle ("run"), MassHealth issues a remittance advice to affected providers. The remittance advice explains the status of claims that were processed. It lists paid, denied, and suspended claims that were processed on that run.

The remittance advice sorts claims in the following order:

- 1. claim type;
- 2. claim status (paid, pended, denied, suspended, and adjustments); and
- 3. internal control number (ICN)

If the provider has not elected to have payments transferred directly into a bank account through electronic funds transfer (EFT), a check for the total amount of paid claims represented on the remittance advice will be mailed separately.

MassHealth uses the first page of the remittance advice to convey important messages to providers. These messages may contain billing and payment information, as well as other topics. These updates should be communicated to all applicable staff. Remittance advice messages may apply to all providers or to only certain types of providers (for example, physicians or hospitals). These messages are also posted on the MassHealth Web site at www.mass.gov/masshealth. Click on MassHealth Regulations and Other Publications, then on Provider Library, then on Remittance Advice Message Text.

These messages contain the following information about the remittance advice:

- a sample banner of the remittance advice;
- a description of each field and the corresponding type of information found on the remittance advice;
- a description of the information on the remittance advice relating to the status of each claim;
- a description of the information on the remittance advice relating to the different kinds of claimsprocessing requests, including requests for payment, adjustments, voids, and returned monies; and
- samples of remittance advices.



Organization of Content in this Guide

In this guide, the various claim types are described in the following order:

- Medicare Part A claims;
- Medicare Part B claims;
- home health claims;
- <u>inpatient hospital claims</u>, including acute, chronic and psychiatric hospital claims;
- <u>long-term-care claims</u>, including nursing facility, intermediate care facility (ICF) and rest home claims;
- professional claims billed on the CMS 1500;
- outpatient hospital claims, including acute, chronic and psychiatric hospital claims;
- drug claims; and
- compound drug claims.

Within each claim type, samples of the remittance advice are provided for each claim status in the following order:

- paid claims;
- pended claims;
- denied claims;
- suspended claims; and
- adjusted claims.

Each sample is followed by a field descriptions table. The field descriptions table contains the field name, its description, and the character length of the field. Please note that the fields are alphabetically listed in the table for easy reference.

Remittance advice for the following topics is also described in this guide:

- financial transactions;
- third-party-liability information;
- summary advice; and
- explanation of benefits (EOB) code description.



Sample Remittance Advice - Banner

A sample banner of the remittance advice is shown below. The banner is used to report the status of all claims processed by MassHealth for a specific claim type. The banner may include a message.

REPORT: CRA-BANN-R

COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
PROVIDER BANNER MESSAGES

RA DATE: MM/DD/YYYY
PAGE: 9999 of 9999
RUN: XXXXXX

PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXX

 \times

Guide to the Remittance Advice for Paper Claims and Electronic Equivalents DRAFT

Field Descriptions - Banner

Field	Description	Length
Address	Pay to mailing address of the payee	120
NPI	NPI of the provider receiving the remittance advice	10
Page	Current page and total number of pages within the provider's RA	8
Payee Number	Nine-digit MassHealth provider number and one-character service location of the provider receiving the remittance advice NOTE: The space between the provider ID and service location in the sample is not counted in the field size.	10
RA Date	Date payment was issued, usually the Tuesday after the cycle	8
Report	Internal report identifier	8
Run	System-generated cycle reference number	6
Subject	Banner heading with text message following it	4000



Sample Remittance Advice – Medicare Part A

Paid Claims

For paid claims, the remittance advice lists all claims that are paid. Claims that include multiple detail lines may include both paid and denied detail lines in this section. A denied detail that is part of a paid claim will list the appropriate explanations of why the detail was denied.

REPORT: CRA-XAPD-R	COMMONWEALTH OF MASSACHUSETTS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE MEDICARE CROSSOVER PART A CLAIMS PAID	RA DATE: MM/DD/YYYY PAGE: 9999 of 9999 RUN: XXXXXXX PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXX
ICN PCN SERVICE DATES ADMIT DT MRN FROM TO DAYS RRYYJJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY XXXXXXXXXXXXX 9999	M E D I C A R E BILLE COPAY AMT BLOOD DEDUCT CO-INS BILLE PAID AMT DEDUCT 999,999.99 999,999.99 999,999.99 9,999,99	ED COPAY AMT PATIENT LIAB OTH INS AMT PAID AMT
HEADER EOBS: 9999 9999 9999 9999 9999 9999 PL PROC SERVICE DATES	R ID: XXXXXXXXXXX 9999 9999 9999 9999 9999 9	1999 9999 9999
XX 9999 XXXXX XX XX XX XX MMDDYY MMDDYY 9999 XX 9999 XXXXX XX XX XX XX MMDDYY MMDDYY 9999 XX 9999 XXXXX XX XX XX XX MMDDYY MMDDYY 9999 XX 9999 XXXXX XX XX XX XX MMDDYY MMDDYY 9999 XX 9999 XXXXX XX XX XX XX MMDDYY MMDDYY 9999	9,999,999.99 999,999.99 9999 9999 9999	9999 9999
	9,999,999.99 9,999,999.99 99,999.99 99,999,9	99.99 9,999,999.99 9,999,999.99 99,999,999.99 99,999,999.99

RUN: XXXXXX



Sample Remittance Advice – Medicare Part A (cont.)

Pended Claims

For pended claims, the remittance advice lists all claims that are pended, along with EOB codes that explain any discrepancies between the billed and paid amounts.

REPORT: CRA-XAEN-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY
MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999

PROVIDER REMITTANCE ADVICE

MEDICARE CROSSOVER PART A CLAIMS PENDED PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXXX

				-	M E	D I C A R	E	M E	DICAI	D
ICN	PCN	SERVICE	DATES	ADMIT DT	COPAY AMT	BLOOD DEDUCT	CO-INS	BILLED	COPAY AMT	PATIENT LIAB
	MRN	FROM	TO	DAYS	PAID AMT	DEDUCT			OTH INS AMT	PAID AMT
RRYYJJJBBBSSS	XXXXXXXXXXX	MMDDYY	MMDDYY	MMDDYY	999,999.99	999,999.99	999,999.99	9,999,999.99	999,999.99	999,999.99
	XXXXXXXXXXX			999	9,999,999.99	999,999.99			9,999,999.99	9,999,999.99
MEMBER NAME: 2	xxxxxxxxxx x	xxxxxxx	XXXXXX	XX MEMBEF	R ID: XXXXXXX	XXXX				

PL		PROC		SERVICE DATES		BILLED AMT	COPAY AMT		
SERV	REV C	D CODE	MODIFIERS	FROM TO	UNITS	ALLOWED AMT		DETAIL EOBS	
XX	9999	XXXXX	XX XX XX XX	MMDDYY MMDDYY	9999.99	9,999,999.99	999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999	99
XX	9999	XXXXX	XX XX XX XX	MMDDYY MMDDYY	9999.99	9,999,999.99	999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999	99
XX	9999	XXXXX	XX XX XX XX	MMDDYY MMDDYY	9999.99	9,999,999.99	999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999	99
XX	9999	XXXXX	XX XX XX XX	MMDDYY MMDDYY	9999.99	9,999,999.99	999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999	99
XX	9999	XXXXX	XX XX XX XX	MMDDYY MMDDYY	9999.99	9,999,999.99	999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999	99

TOTAL NO. PENDED: 999,999



Sample Remittance Advice – Medicare Part A (cont.)

Denied Claims

For denied claims, the remittance advice lists all claims that were denied, along with EOB codes that explain why the claims were denied.

REPORT: CRA-XADN-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY

MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999

PROVIDER REMITTANCE ADVICE RUN: XXXXXX

MEDICARE CROSSOVER PART A CLAIMS DENIED PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXXX

				M E I	DICAR	E		M E	DIC	A I	D	-
ICN	PCN	SERVICE DATES	ADMIT DT C	TMA YAGO	BLOOD DEDUCT	CO-IN	IS	BILLED	COPAY	AMT	PATIENT LIA	AB
	MRN	FROM TO	DAYS P	AID AMT	DEDUCT				OTH INS	AMT		
RRYYJJJBBBSSS	XXXXXXXXXXX	MMDDYY MMDDYY	MMDDYY 9	99,999.99	999,999.99	999,999	9,9	999,999.99	999	,999.99	999,999	9.99
	XXXXXXXXXXX		999 9,9	99,999.99	999,999.99				9,999	,999.99		
MEMBER NAME: 2	XXXXXXXXXX	xxxxxxxxxxx	XX MEMBER ID	: XXXXXXXX	XXXX							
HEADER EOBS:	9999 9999 9	999 9999 9999	9999 9999 9999	9 9999 999	9 9999 9999 99	99 9999 9	999 9999	9999 9999	9999 99	99		
PL PI	ROC	SERVICE	DATES	BILL	ED AMT COP	'AY AMT						
SERV REV CD CO	ODE MODIFI	ERS FROM	TO UNITS	ALLO	WED AMT	E	ETAIL EOR	BS				
XX 9999 XX	XX XX XX XX	XX MMDDYY MM	DDYY 9999.99	9,999	,999.99 999,	999.99 9	999 9999	9999 9999	9999 99	99 9999	9999 9999	9999
				9,999	,999.99	9	999 9999	9999 9999	9999 99	99 9999	9999 9999	9999
7777 0000 77777		III MADDIII M	DD1111 0000 00	0 000		000 00 0		0000 0000	0000 00	00 0000	0000 0000	0000

TOTAL NO. DENIED: 999,999



Sample Remittance Advice – Medicare Part A (cont.)

Suspended Claims

For suspended claims, the remittance advice lists all claims that are suspended, along with EOB codes that explain why the claims were suspended. Suspended claims appear on an RA one time when they are initially in the suspended status. They reappear each time the claim is reworked. This is triggered by the update in the claim's location code.

REPORT: CRA-XASU-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY

MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999

PROVIDER REMITTANCE ADVICE RUN: XXXXXX

FOUTDER REMITTANCE ADVICE

MEDICARE CROSSOVER PART A CLAIMS SUSPENDED

PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXXX

				N	1 E D	I C A	R E			- M E	D I	C A	I D -		
ICN	PCN	SERVICE DA	res admit :	OT COPAY	AMT I	BLOOD DED	UCT CO)-INS	BII	LLED	COP	AY AMT	PATIE	NT LIAB	
	MRN	FROM TO	DAYS	PAID A	TMA	DEDUCT					OTH I	NS AMT			
RRYYJJJBBBSSS	XXXXXXXXXXX	MMDDYY MMD	DYY MMDDY	999,99	99.99	999,999.	99 999,	999.99	9,999,	999.99	9	99,999.	99 9	99,999.99	
	XXXXXXXXXX		999	9,999,99	99.99	999,999.	99				9,9	99,999.	99		
MEMBER NAME: X	XXXXXXXXXX	XXXXXXXXXX	XXXXX MEM	BER ID: XXX	XXXXXXX	XXX									
HEADER EOBS:	9999 9999 99	99 9999 999	9 9999 999	9999 9999	9999 9	9999 9999	9999 9999	9999 9	999 9999	9999	9999 9	999			
PL PF	ROC	SERVI	CE DATES		BILLEI	D AMT	COPAY AMI								
SERV REV CD CO	DDE MODIFI	ERS FROM	TO	UNITS	ALLOW	ED AMT		DETAI	L EOBS						
XX 9999 XXX	XX XX XX XX	XX MMDDYY	MMDDYY 9	999.99	9,999,9	999.99	999,999.99	9999	9999 999	9999	9999	9999 99	9999	9999 999	9
3737 0000 37373		IIII MADDIIII	MADDIEL O	200 00	0 000 0	200 00	000 000 00	0000	0000 000		0000	0000 00		0000 000	^

TOTAL NO. SUSPENDED: 999,999



Sample Remittance Advice – Medicare Part A (cont.)

Adjusted Claims

For adjustments, the remittance advice displays header data for the original claim and displays both header and detail data for the adjustment claim. The net result of the adjustment is also displayed, along with the accounting of any refunded money.

REPORT: CRA-XAAD-R	COMMONWEALTH OF MASSACHUSETTS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE MEDICARE CROSSOVER PART A CLAIMS ADJUSTED	RA DATE: MM/DD/YYYY PAGE: 9999 of 9999 RUN: XXXXXX PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXX
ICN PCN SERVICE DATES ADMIT MRN FROM TO DAX	T DT COPAY AMT BLOOD DEDUCT CO-INS YS PAID AMT DEDUCT YY (999,999.99) (999,999.99) (999,999.99) (9,999,999.99) (999,999.99) YY 999,999.99 999,999.99	
MEMBER NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXX MEN ADJUSTMENT EOB: 9999 HEADER EOBS: 9999 9999 PL PROC SERVICE DATES SERV REV CD CODE MODIFIERS FROM TO XX 9999 XXXXX XX XX XX XX MMDDYY MMDDYY	MBER ID: XXXXXXXXXXX 9999 9999 9999 9999 9999 9	
	9999.99 9,999,999.99 999,999.99 999 9999.99 9,999,999.99 999,999.99 999	999 9999 9999 9999 9999 9999 9999 9999 999 9999 9999 9999 9999 9999 9999 999 9999 9999 9999 9999 9999 9999 999 9999 9999 9999 9999 9999 9999
XX 9999 XXXXX XX XX XX XX MMDDYY MMDDYY XX 9999 XXXXX XX XX XX XX MMDDYY MMDDYY	9999.99 9,999,999.99 999,999.99 9999.99 9999.99 9999.99 9999.99 999,999.99 999,999.99 999,999.99 999	999 9999 9999 9999 9999 9999 9999 9999 999 9999 9999 9999 9999 9999 9999 9999 999 9999 9999 9999 9999 9999 9999 999 9999 9999 9999 9999 9999 9999 999 9999 9999 9999 9999 9999 9999
		ADDITIONAL PAYMENT 9,999,999.99 TOTAL OVERPAYMENT 9,999,999.99 REFUND AMOUNT APPLIED 9,999,999.99
TOTAL MEDICARE CROSSOVER PART A CLAIMS ADJ: TOTAL NO. ADJUSTED: 999,999	9,999,999.99 9,999,999.99 9,999,999.99 99,999,999.99 9,999,999.99	99,999,999.99 9,999,999.99 99,999,999.99 99,999,999.99



Field Descriptions – Medicare Part A

Field	Description	Length
(Total Medicare Crossover Part A Claims) Medicaid – Billed Amount	Total amount billed by the provider for the hospital stay	10
(Total Medicare Crossover Part A Claims) Medicaid – Copay Amt	Total amount the member should pay and is deducted from the allowed amount to arrive at the paid amount	9
(Total Medicare Crossover Part A Claims) Medicaid – Oth Ins Amt	Total payments made by sources outside of MassHealth. This amount is deducted from the allowed amount to arrive at the paid amount. The Medicaid third-party-liability (TPL) amount includes the Medicaid other insurance and spenddown amounts.	10
(Total Medicare Crossover Part A Claims) Medicaid – Patient Liab	Total patient liability amount applied during the claim during processing. This amount is subtracted from the allowed amount to arrive at the paid amount.	9
(Total Medicare Crossover Part A Claims) Medicaid Paid Amount	Total amount that is payable for the hospital stay	10
(Total Medicare Crossover Part A Claims) Medicare – Paid Amount	Total amount that is payable for the hospital stay	10
(Total Medicare Crossover Part A Claims Adjusted) Medicare – Blood Deduct	Total amount that is paid toward a Medicare claim for blood deductible	9
(Total Medicare Crossover Part A Claims) Medicare – Co-Ins Amount	Total amount that the member should pay and is deducted from the allowed amount to arrive at the Medicare paid amount	9
(Total Medicare Crossover Part A Claims) Medicare – Copay Amt	Total amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount	9



Field Descriptions - Medicare Part A (cont.)

Field	Description	Length
(Total Medicare Crossover Part A Claims) Medicare – Deduct Amount	Total amount that the member is responsible for paying. The Medicare deductible amount includes the Medicare deductible and blood deductible amounts. This amount will cross over and be paid by MassHealth.	9
Additional Payment (Adjustments Only)	Additional payment amount when the adjustment results in a positive paid amount	9
Adjustment EOB (Adjustments Only)	Code identifying the purpose of the claim adjustment	4
Admit Dt	Date the member was admitted into the hospital	6
Allowed Amt (Detail)	Allowed amount for the claim detail	9
Billed Amt (Detail)	Billed amount for the claim detail	9
Copay Amt (Detail)	Copay amount the member should pay for the claim detail	8
Days	Number of days the member was in the hospital	3
Detail EOBs	Explanation of benefits (EOB) codes that apply to the claim detail lines. These codes are used to explain why the claim was denied. There could be a maximum of 20 EOB codes per detail line.	4
Header EOBs	EOB codes that apply to the claim header. There could be a maximum of 20 EOB codes.	4
ICN	Unique number used to identify and track a claim processed through the system	13
MRN	Medical record number or the patient account number submitted by the provider on the claim	12
Medicaid – Billed	Amount billed by the provider for the hospital stay	9
Medicaid – Copay Amt	Amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount.	8
Medicaid – Oth Ins Amt	Payments made by sources outside of MassHealth. This amount is deducted from the allowed amount to arrive at the paid amount. The Medicaid third-party-liability (TPL) amount includes the Medicaid other insurance and spenddown amounts.	9
Medicaid – Paid Amt	Amount that is payable for the hospital stay	9



Field Descriptions - Medicare Part A (cont.)

Field	Description	Length
Medicaid – Patient Liab	Patient liability amount applied to the claim during processing. This amount is subtracted from the allowed amount to arrive at the paid amount.	8
Medicare – Paid Amt	Amount that is payable for the hospital stay	9
Medicare – Blood Deduct	Amount that is paid toward a Medicare claim for blood deductible	8
Medicare – Co-Ins	Amount that the member should pay and is deducted from the allowed amount to arrive at the Medicare paid amount	8
Medicare – Copay Amt	Amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount	8
Medicare – Deduct	Amount that the member is responsible for paying. The Medicare deductible amount includes the Medicare deductible and blood deductible amounts. This amount will cross over and be paid by MassHealth.	8
Member ID	Member's MassHealth identification number	12
Member Name	Name of the member	29
Modifiers	Modifiers used to further describe the service provided. Up to four modifiers may be entered on each detail line.	2
NPI	NPI of the provider receiving the remittance advice	10
PCN	Patient control number for the member submitted on the claim by the provider	12
Page	Current page and total number of pages within the provider's RA	8
Payee Number	Nine-digit MassHealth provider number and one-character service location for the provider receiving the remittance advice	10
	NOTE: The space that exists between the provider ID and service location in the sample is not counted in the field size.	
Pl Serv	Place of service code(s) indicating where the services were actually provided. This may occur up to 23 times depending on the number of detail lines billed.	2
Proc Code	Procedure codes that correspond to the revenue codes on each of the detail lines being billed	5
RA Date	Date of issue, usually the Tuesday after the cycle	8



Field Descriptions - Medicare Part A (cont.)

Field	Description	Length
Rev Cd	Revenue codes that pertain to the services being billed on the detail lines	4
Refund Amount Applied (Adjustment Only)	Refund amount applied when the adjustment results in a negative paid amount and cash is applied in the payment cycle, if applicable	9
Report	Internal report identifier	8
Run	System-generated cycle reference number	6
Service Dates – From	Earliest date of service or the admit date	6
Service Dates – From (Detail)	From date of service on the detail line	6
Service Dates – Thru	Latest date of service or discharge date	6
Service Dates – Thru (Detail)	To date of service on the detail line	6
Total No.	Total count of claims for the provider	6
Total Overpayment (Adjustments Only)	Net overpayment amount when the adjustment results in a negative paid amount and an accounts receivable (setup) transaction is established	9
Units	Units of service provided	6



Sample Remittance Advice – Medicare Part B

Paid Claims

For paid claims, the remittance advice lists all claims that are paid. Claims that include multiple detail lines may include both paid and denied detail lines in this section. A denied detail that is part of a paid claim will list the appropriate explanations of why the detail was denied.

REPORT: CRA-XBPD-R COMMONWEALTH OF MASSACHUSETTS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE MEDICARE CROSSOVER PART B CLAIMS PAID PAYEE NUMBER	RA DATE: MM/DD/YYYY PAGE: 9999 of 9999 RUN: XXXXXX XXXXXXXXX X NPI: XXXXXXXXXX
M E D I C A R E M E D I C A R E	MT PAID AMT AMT .99 9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
PL REV PROC MODIFIERS SER DT FROM TO SERVICING PROV ALLW UNITS PA NUMBER	
SERV CD CODE COPAY AMT BILLED AMT ALLOWED AMT PAID AMT DETAIL EOBS	
XX 9999 XXXXX XX XX XX MMDDYY MMDDYY XXXXXXXXXX	9999 9999 9999 9999
999,999.99 9999,999.99 9,999,999.99 9,999,99	9999 9999 9999 9999
XX 9999 XXXXX XX XX XX MMDDYY MMDDYY XXXXXXXXXX	9999 9999 9999 9999
999,999.99 9999 9999 999,999,999,999,999	9999 9999 9999 9999
XX 9999 XXXXX XX XX XX MMDDYY MMDDYY XXXXXXXXXX	9999 9999 9999 9999
999,999.99 9,999,999.99 9,999,999.99 9,999,99	9999 9999 9999 9999
XX 9999 XXXXX XX XX XX MMDDYY MMDDYY XXXXXXXXXX	9999 9999 9999 9999
999,999.99 9,999,999.99 9,999,999.99 9,999,99	9999 9999 9999 9999
XX 9999 XXXXX XX XX XX MMDDYY MMDDYY XXXXXXXXXX	9999 9999 9999 9999
999,999.99 9999 9999 9999 9999 9999 999	9999 9999 9999 9999
TOTAL MEDICARE CROSSOVER PART B CLAIMS PAID: 9,999,999.99 99,999,999.99 9,999,999.99 99,999,9	
TOTAL NO. PAID: 999,999	

PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXX



Sample Remittance Advice – Medicare Part B (cont.)

Pended Claims

For pended claims, the remittance advice lists all claims that are pended, along with EOB codes that explain any discrepancies between the billed and paid amounts.

REPORT: CRA-XBEN-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY

MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999

PROVIDER REMITTANCE ADVICE RUN: XXXXXX

MEDICARE CROSSOVER PART B CLAIMS PENDED

			M E	DICAR	E	M E D	I C A I	D
ICN	PCN	SERVICE DATES	COPAY AMT	ALLOWED AMT	PSYCH CO-INS	BILLED	COPAY AMT	PAID AMT
	MRN	FROM TO	PAID AMT	DEDUCT	CO-INS		OTH INS AMT	
RRYYJJJBBBSSS	XXXXXXXXXX	MMDDYY MMDDYY	999,999.99	9,999,999.99	999,999.99	9,999,999.99	999,999.99	9,999,999.99
	XXXXXXXXXXX		9.999.999.99	999.999.99	999.999.99		9.999.999.99	

PL	REV	PROC	MODIFIERS	SER DT FROM TO	SERVICING PRO	V ALLW UNITS	PA NUMBER									
SERV	CD	CODE	COPAY AMT		BILLED AMT	ALLOWED AMT	PAID AMT D	DETAIL	EOBS							
XX	9999	XXXXX	XX XX XX XX	MMDDYY MMDDYY	XXXXXXXXX	9999.99	XXXXXXXXX	9999 9	9999 9999	9999	9999	9999	9999	9999	9999	9999
			999,999.99		9,999,999.99	9,999,999.99	9,999,999.99	9999 9	9999 9999	9999	9999	9999	9999	9999	9999	9999
XX	9999	XXXXX	XX XX XX XX	MMDDYY MMDDYY	XXXXXXXXX	9999.99	XXXXXXXXX	9999 9	9999 9999	9999	9999	9999	9999	9999	9999	9999
			999,999.99		9,999,999.99	9,999,999.99	9,999,999.99	9999 9	9999 9999	9999	9999	9999	9999	9999	9999	9999
XX	9999	XXXXX	XX XX XX XX	MMDDYY MMDDYY	XXXXXXXXX	9999.99	XXXXXXXXX	9999 9	9999 9999	9999	9999	9999	9999	9999	9999	9999
			999,999.99		9,999,999.99	9,999,999.99	9,999,999.99	9999 9	999 9999	9999	9999	9999	9999	9999	9999	9999
XX	9999	XXXXX	XX XX XX XX	MMDDYY MMDDYY	XXXXXXXXX	9999.99	XXXXXXXXX	9999 9	9999 9999	9999	9999	9999	9999	9999	9999	9999
			999,999.99		9,999,999.99	9,999,999.99	9,999,999.99	9999 9	9999 9999	9999	9999	9999	9999	9999	9999	9999
XX	9999	XXXXX	XX XX XX XX	MMDDYY MMDDYY	XXXXXXXXX	9999.99	XXXXXXXXX	9999 9	9999 9999	9999	9999	9999	9999	9999	9999	9999
			999,999.99		9,999,999.99	9,999,999.99	9,999,999.99	9999 9	9999 9999	9999	9999	9999	9999	9999	9999	9999

TOTAL NO. PENDED: 999,999

RUN: XXXXXX



Sample Remittance Advice – Medicare Part B (cont.)

Denied Claims

For denied claims, the remittance advice lists all claims that were denied, along with EOB codes that explain why the claims were denied.

REPORT: CRA-XBDN-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY
MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999

PROVIDER REMITTANCE ADVICE

MEDICARE CROSSOVER PART B CLAIMS DENIED PAYEE NUMBER XXXXXXXXX NPI: XXXXXXXXXX

ICN PCN SERVICE DATES MRN FROM TO RRYYJJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY XXXXXXXXXXXXX	M E D I C A R E M E D I C A I D COPAY AMT ALLOWED AMT PSYCH CO-INS BILLED COPAY AMT PAID AMT DEDUCT CO-INS OTH INS AMT 999,999.99 9,999,999 999,999.99 9,999,99	
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	EMBER ID: XXXXXXXXXX	
HEADER EOBS: 9999 9999 9999 9999 9999 9999 9	999 9999 9999 9999 9999 9999 9999 9999 9999	
PL REV PROC MODIFIERS SER DT FROM TO	SERVICING PROV ALLW UNITS PA NUMBER	
SERV CD CODE COPAY AMT	BILLED AMT ALLOWED AMT PAID AMT DETAIL EOBS	
XX 9999 XXXXX XX XX XX XX MMDDYY MMDDYY	XXXXXXXXXX 9999.99 xxxxxxxxx 9999 9999 9	
999,999.99	9,999,999.99 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999	99 9999
XX 9999 XXXXX XX XX XX XX MMDDYY MMDDYY	XXXXXXXXXX 9999.99 XXXXXXXXXX 9999 9999	9999
999,999.99	9,999,999.99 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999	99 9999
XX 9999 XXXXX XX XX XX XX MMDDYY MMDDYY	XXXXXXXXXX 9999.99 XXXXXXXXXX 9999 9999	9999
999,999.99	9,999,999.99 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999	99 9999
XX 9999 XXXXX XX XX XX XX MMDDYY MMDDYY	XXXXXXXXXX 9999.99 XXXXXXXXXX 9999 9999	9 9999
999,999.99	9,999,999.99 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999	99 9999
XX 9999 XXXXX XX XX XX XX MMDDYY MMDDYY	XXXXXXXXXX 9999.99 XXXXXXXXXX 9999 9999	9999
999,999.99	9,999,999.99 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999	99 9999
TOTAL MEDICARE CROSSOVER PART B CLAIMS DENIED:	9,999,999.99 99,999,999.99 9,999,999.99 99,999,9	
	99,999,999.99 9,999,999.99 99,999,999.99	
TOTAL NO. DENIED: 999,999		

DAVEE MIMDED VVVVVVVV V MDT. VVVVVVVVV



Sample Remittance Advice – Medicare Part B (cont.)

Suspended Claims

For suspended claims, the remittance advice lists all claims that are suspended, along with EOB codes that explain why the claims were suspended. Suspended claims appear on these RAs one time when they are initially in the suspended status. They reappear each time the claim is reworked. This is triggered by the update in the claim's location code.

REPORT: CRA-XBSU-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999 PROVIDER REMITTANCE ADVICE RUN: XXXXXX

MEDICARE CROSSOVER PART R CLAIMS SUSPENDED

			MEDICARE CRO	DSSOVER PART B (LAIMS SUSPENDE	SD P.	AYEE NUMBER XXXX	XXXXX X NDI: XXXX	.XXXXXX
			MED	DICARE	g ·	M E	DICAID		
ICN	PCN	SERVICE DATES	COPAY AMT A	ALLOWED AMT PS	SYCH CO-INS	BILLED	COPAY AMT		
	MRN	FROM TO	PAID AMT	DEDUCT	CO-INS		OTH INS AMT		
RRYYJJJBBBSSS	XXXXXXXXXXX	MMDDYY MMDDYY	999,999.99	9,999,999.99	999,999.99	9,999,999.99	999,999.99		
	XXXXXXXXXXX	9	9,999,999.99	999,999.99	999,999.99		9,999,999.99		
			EMBER ID: XXXXX						
HEADER EOBS:	9999 9999 9999	9999 9999 9999 99	999 9999 9999 9	9999 9999 9999 9	1999 9999 9999	9999 9999 999	9 9999 9999		
PL REV PR	OC MODIFIERS	SER DT FROM TO	SERVICING PRO	OV ALLW HINTTS	PA NUMBER				
SERV CD CO			BILLED AMT	ALLOWED AMT		DETAIL EOBS			
XX 9999 XXX			XXXXXXXXX	9999.99			9 9999 9999 9999	9999 9999 9999	
	999,999.99		9,999,999.99	9,999,999.99	9,999,999.99	9999 9999 999	9 9999 9999 9999	9999 9999 9999	
xx 9999 xxx	•		XXXXXXXXX	9999.99	XXXXXXXXX	9999 9999 999	9 9999 9999 9999	9999 9999 9999 99	99
	999,999.99		9,999,999.99	9,999,999.99	9,999,999.99	9999 9999 999	9999 9999 9999	9999 9999 9999 99	99
XX 9999 XXX	xx xx xx xx x	X MMDDYY MMDDYY	XXXXXXXXX	9999.99	XXXXXXXXX	9999 9999 999	9 9999 9999 9999	9999 9999 9999 99	99
	999,999.99		9,999,999.99	9,999,999.99	9,999,999.99	9999 9999 999	9 9999 9999 9999	9999 9999 9999 99	99
XX 9999 XXX	XX XX XX XX	X MMDDYY MMDDYY	XXXXXXXXX	9999.99	XXXXXXXXX	9999 9999 999	9 9999 9999 9999	9999 9999 9999 99	99
	999,999.99		9,999,999.99	9,999,999.99	9,999,999.99	9999 9999 999	9 9999 9999 9999	9999 9999 9999 99	99
XX 9999 XXX	XX XX XX XX	X MMDDYY MMDDYY	XXXXXXXXX	9999.99	XXXXXXXXX	9999 9999 999	9 9999 9999 9999	9999 9999 9999 99	99
	999,999.99		9,999,999.99	9,999,999.99	9,999,999.99	9999 9999 999	9 9999 9999 9999	9999 9999 9999 99	99
momar webraans	anagarinn nan	m n aratwa arran.	0 000 000 00			00 000 000 00	0 000 000 00 00	000 000 00	
TOTAL MEDICARE	CRUSSOVER PAR				, ,	, ,		,999,999.99	
	999,999.99	T B CLAIMS SUSP:	9,999,999.99	9,999,999.99	9,999,999.99	9999 9999 999 99,999,999.99	9 9999 9999 9999	9999 9999 9999 99	

TOTAL NO. SUSPENDED: 999,999



Sample Remittance Advice – Medicare Part B (cont.)

Adjusted Claims

For adjustments, the remittance advice displays header data for the original claim and displays both header and detail data for the adjustment claim. The net result of the adjustment is also displayed, along with the accounting of any refunded money.

REPORT: CRA-XBAD-R	COMMONWEALTH OF MASSACHUSETTS MEDICAID MANAGEMENT INFORMATION SYSTEM	RA DATE: MM/DD/YYYY
	MEDICAID MANAGEMENT INFORMATION SYSTEM	PAGE: 9999 of 9999
	PROVIDER REMITTANCE ADVICE	RUN: XXXXXX
	MEDICARE CROSSOVER PART B CLAIMS ADJUSTED	PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXX
	M E D I C A R EM	E D I C A I D
ICN PCN SERVICE DATES	COPAY AMT ALLOWED AMT PSYCH CO-INS BILLED	COPAY AMT PAID AMT
MRN FROM TO	PAID AMT DEDUCT CO-INS	OTH INS AMT
RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY	(999,999.99) (9,999,999.99) (999,999.99) (9,999,99	9.99) (999,999.99)(9,999,999.99)
XXXXXXXXXX	(9,999,999.99) (999,999.99) (999,999.99)	(9,999,999.99)
RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY	999,999.99 9,999,999.99 999,999.99 9,999,99	9.99 999,999.99 9,999,999.99
XXXXXXXXXX	9,999,999.99 999,999.99 999,999.99	9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
ADJUSTMENT EOB: 9999 HEADER EOBS: 9999	9999 9999 9999 9999 9999 9999 9999 9999 9999	999 9999 9999 9999 9999 9999 9999
PL REV PROC MODIFIERS SER DT FROM TO	O SERVICING PROV ALLW UNITS PA NUMBER	
SERV CD CODE COPAY AMT	BILLED AMT ALLOWED AMT PAID AMT DETAIL EOBS	
XX 9999 XXXXX XX XX XX XX MMDDYY MMDDYY		999 9999 9999 9999 9999 9999 9999
999,999.99		9999 9999 9999 9999 9999 9999 9999
XX 9999 XXXXX XX XX XX XX MMDDYY MMDDYY		999 9999 9999 9999 9999 9999 9999
999,999.99		9999 9999 9999 9999 9999 9999 9999
XX 9999 XXXXX XX XX XX XX MMDDYY MMDDYY		999 9999 9999 9999 9999 9999 9999
999,999.99		9999 9999 9999 9999 9999 9999 9999
XX 9999 XXXXX XX XX XX MMDDYY MMDDYY		999 9999 9999 9999 9999 9999 9999
999,999.99		9999 9999 9999 9999 9999 9999 9999
XX 9999 XXXXX XX XX XX MMDDYY MMDDYY		999 9999 9999 9999 9999 9999 9999
999,999.99	9,999,999.99 9,999,999.99 9,999,999.99 9999 9999	
999,999.99	ADDITIONAL PAYMENT	9,999,999
	TOTAL OVERPAYMENT REFUND AMOUNT APPLIED	0,000,000
	REFUND AMOUNT APPLIED	9,999,999.99
TOTAL MEDICARE CROSSOVER PART B CLAIMS ADJ:	9,999,999.99 99,999,999.99 9,999,999.99 99,999,9	.99 9,999,999.99 99,999,999.99
TOTAL NO. ADJUSTED: 999,999		



Field Descriptions – Medicare Part B

Field	Description	Length
(Total Medicare Crossover Part B Claims) Medicaid – Billed Amount	Amount billed by the provider	10
(Total Medicare Crossover Part B Claims) Medicaid – Copay Amt	Amount that the member should pay and are deducted from the allowed amount to arrive at the paid amount.	9
(Total Medicare Crossover Part B Claims) Medicaid – Oth Ins Amt	Payments made by sources outside of MassHealth. This amount is deducted from the allowed amount to arrive at the paid amount. The Medicaid other insurance amount includes the Medicaid other insurance and spenddown amounts.	10
(Total Medicare Crossover Part B Claims) Medicaid Paid Amount	Amount that is payable by Medicaid	10
(Total Medicare Crossover Part B Claims) Medicare – Paid Amount	Amount that is payable	10
(Total Medicare Crossover Part B Claims) Medicare – Allowed Amt	Allowed amount for Medicare	10
(Total Medicare Crossover Part B Claims) Medicare – Co-Ins Amount	Amount that the member should pay and is deducted from the allowed amount to arrive at the Medicare paid amount	9
(Total Medicare Crossover Part B Claims) Medicare – Copay Amt	Amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount	9
(Total Medicare Crossover Part B Claims) Medicare – Deduct Amount	Amount that the member is responsible for paying. The Medicare deductible amount includes the Medicare deductible and blood deductible amounts. This amount will cross over and be paid by MassHealth.	9



Field Descriptions – Medicare Part B (cont.)

Field	Description	Length
(Total Medicare Crossover Part B Claims) Medicare - Psych Co-Ins Amount	Amount Medicare has determined the member must pay for psychiatric services received	9
Additional Payment (Adjustments Only)	Additional payment amount when the adjustment results in a positive paid amount	9
Adjustment EOB (Adjustments Only)	Code identifying the purpose of the claim adjustment	4
Header EOB	Code identifying the purpose of the claim	4
Allowed Amt (Detail)	Allowed amount for the claim detail	9
Alwd Units	Units of service allowed	6
Billed Amt (Detail)	Billed amount for the claim detail	9
Copay Amt (Detail)	Copay amount the member should pay for the claim detail	8
Detail EOBs	Explanation of benefits (EOB) codes that apply to the claim detail lines. These codes are used to explain why the claim was denied. There could be a maximum of 20 EOB codes per detail line.	4
Header EOBs	EOB codes that apply to the claim header. There could be a maximum of 20 EOB codes.	4
ICN	Unique number used to identify and track a claim processed through the system	13
MRN	Medical record number or the patient account number submitted by the provider on the claim	12
Medicaid - Billed Amount	Amount billed by the provider	9
Medicaid - Copay Amt	Amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount	8
Medicaid - Oth Ins Amt	Payments made by sources outside of MassHealth. This amount is deducted from the allowed amount to arrive at the paid amount. The Medicaid other insurance amount includes the Medicaid other insurance and spenddown amounts.	9
Medicaid Paid Amount	Amount that is payable by MassHealth	9
Medicare - Paid Amount	Amount that is payable	9



Field Descriptions - Medicare Part B (cont.)

Field	Description	Length
Medicare – Allowed Amt	Allowed amount for Medicare	9
Medicare – Co-Ins	Amount that the member should pay and is deducted from the allowed amount to arrive at the Medicare paid amount	8
Medicare – Copay Amt	Amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount	8
Medicare – Deduct	Amount that the member is responsible for paying. The Medicare deductible amount includes the Medicare deductible and blood deductible amounts. This amount will cross over and be paid by MassHealth.	8
Medicare – Psych Co- Ins Amount	Amount Medicare has determined the member must pay for psychiatric services received	8
Member ID	Member's MassHealth identification number	12
Member Name	Name of the member	29
Modifiers	Modifiers used to further describe the service provided. Up to four modifiers may be entered on each detail line.	2
NPI	NPI of the provider receiving the remittance advice	10
PA Number	Prior authorization number for the line item	10
PCN	Patient control number for the member submitted on the claim by the provider	12
Page	Current page and total number of pages within the provider's RA	8
Payee Number	Nine-digit MassHealth provider number and one-character service location for the provider receiving the remittance advice	10
	NOTE: The space that exists between the provider ID and service location in the sample is not counted in the field size.	
Pl Serv	Place of service code(s) indicating where the services were actually provided. This may occur up to 12 times depending on the number of detail lines billed.	2
Proc Code	Procedure codes that correspond to the revenue codes on each of the detail lines being billed	5
RA Date	Date of issue, usually the Tuesday after the cycle	8



Field Descriptions – Medicare Part B (cont.)

Field	Description	Length
Rev Cd	Revenue codes that pertain to the services being billed on the detail lines	
Refund Amount Applied (Adjustments Only)	Refund amount applied when the adjustment results in a negative paid amount and cash is applied in the payment cycle	9
Report	Internal report identifier	8
Run	System-generated cycle reference number	6
Ser Dt (From)	From date of service on the detail line	6
Ser Dt (To)	To date of service on the detail line	6
Service Dates - From	Earliest date of service or the admit date	6
Service Dates - Thru	Latest date of service or discharge date	6
Servicing Prov	Provider who performed the service for the claim detail	10
Total No.	Total count of claims for the provider	6
Total Overpayment (Adjustments Only)	Net overpayment amount when the adjustment results in a negative paid amount and an accounts receivable (setup) transaction is established	9



Sample Remittance Advice - Home Health

Paid Claims

For paid claims, the remittance advice lists all claims that are paid. Claims that include multiple detail lines may include both paid and denied detail lines in this section. A denied detail that is part of a paid claim will list the appropriate explanations of why the detail was denied.

REPORT: CRA-HHPD-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/' MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of S REMITTANCE ADVICE RUN: XX: HOME HEALTH CLAIMS PAID PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXX	9999 xxxx
SERVICE DATES OTH INS	
ICN PATIENT NO. FROM THRU BILLED AMT ALLOWED AMT AMT PAID AMT	
RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY 9,999,999.99 9,999,999.99 9,999,999.99	
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9	
REV CD HCPCS/RATE MODIFIERS SRV DATE UNITS BILLED AMT ALWD AMT DETAIL EOBS	
9999	
9999	
9999 XXXXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999	
9999	
RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY 9,999,999.99 9,999,999.99 9,999,999.99 9,999,99	
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9	
REV CD HCPCS/RATE MODIFIERS SRV DATE UNITS BILLED AMT ALWO AMT DETAIL EOBS	
9999 XXXXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999	
9999 XXXXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999	
9999	
9999	
TOTAL HOME HEALTH CLAIMS PAID: 999,999,999.99 999,999.99 999,999,999,9	



Pended Claims

TOTAL NO. PENDED: 999,999

For pended claims, a list of all claims that are pended is displayed, along with EOB codes that explain any discrepancies between the billed and paid amounts.

REPORT: CRA-HHEN-R	COMMONWEALTH OF MASSACHUSETTS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE HOME HEALTH CLAIMS PENDED	RA DATE: MM/DD/YYYY PAGE: 9999 of 9999 RUN: XXXXXX PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXX
SERVICE DATESICN PATIENT NO. FROM THRU RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	BILLED AMT ALLOWED AMT AMT 7 9,999,999.99 9,999,999.99 9,999,999.99	
REV CD HCPCS/RATE MODIFIERS SRV DATE 9999 XXXXXXXX XX XX XX XX MMDDYY 9999 XXXXXXXX XX XX XX XX MMDDYY 9999 XXXXXXXX XX XX XX XX MMDDYY 9999 XXXXXXXXX XX XX XX XX MMDDYY	UNITS BILLED AMT ALWD AMT DETAIL EOBS 9999999 9,999,999.99 9,999,999.99 9999 9999 999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 99999999 9,999,99	99 9999 9999 9999 9999 99 9999 9999 99
	MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 9999 9999 9999 99	PA: XXXXXXXXX DIAG: XXXXXXX
REV CD HCPCS/RATE MODIFIERS SRV DATE 9999 XXXXXXXX XX XX XX XX MMDDYY 9999 XXXXXXXX XX XX XX XX MMDDYY 9999 XXXXXXXXX XX XX XX XX MMDDYY 9999 XXXXXXXXX XX XX XX XX MMDDYY	UNITS BILLED AMT ALWD AMT DETAIL EOBS 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999999 9,999,999	99 9999 9999 9999 9999 99 9999 9999 99
TOTAL HOME HEALTH CLAIMS PENDED:	999,999,999.99 999,999.99 999,999,999.99	999,999,999.99



Denied Claims

For denied claims, a list of all claims that were denied is displayed, along with EOB codes that explain why the claims were denied.

REPORT: CRA-HHDN-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY

MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999

PROVIDER REMITTANCE ADVICE RUN: XXXXXX

PROVIDER REMITTANCE ADVICE RUN: XXXXXX
HOME HEALTH CLAIMS DENIED PAYEE NUMBER XXXXXXXX X NPI: XXXXXXXXX

TOTAL HOME HEALTH CLAIMS DENIED: 999,999,999.99 999,999.99 999,999,999.99
TOTAL NO. DENIED: 999,999



Suspended Claim

For suspended claims a list of all claims that are suspended is displayed, along with EOB codes that explain why the claims were suspended. Suspended claims appear on these RAs one time when they are initially in the suspended status. They reappear each time the claim is reworked. This is triggered by the update in the claim's location code.

REPORT: CRA-HHSU-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY

MEDICAID MANAGEMENT INFORMATION SYSTEM
PAGE: 9999 of 9999

PROVIDER REMITTANCE ADVICE
RUN: XXXXXX
HOME HEALTH CLAIMS SUSPENDED PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXXX

	HOME HEALTH CLAIMS SUSPENDED	PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXX
RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDD MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	RU BILLED AMT ALLOWED AMT AMT	99999 PA: XXXXXXXXX DIAG: XXXXXXX
	9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999	99 9999 9999 9999 9999 9999 99 9999 99
REV CD HCPCS/RATE MODIFIERS SRV DATE 9999 XXXXXXXX XX XX XX MMDDYY 9999 XXXXXXXX XX XX XX XX MMDDYY 9999 XXXXXXXX XX XX XX XX MMDDYY 9999 XXXXXXXX XX XX XX XX MMDDYY TOTAL HOME HEALTH CLAIMS SUSPENDED: TOTAL NO. SUSPENDED: 999,999	UNITS BILLED AMT ALWD AMT DETAIL EOBS 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999,999,999,999.99 999,999.99 999,999,9	99 9999 9999 9999 9999 9999 99 9999 99



Adjusted Claims

For adjustments, the remittance advice displays header data for the original claim and displays both header and detail data for the adjustment claim. The net result of the adjustment is also displayed, along with the accounting of any refunded money.

REPORT: CRA-HHAD-R	COMMONWEALTH OF MASSACHUSETTS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE HOME HEALTH CLAIMS ADJUSTED	RA DATE: MM/DD/YYYY PAGE: 9999 of 9999 RUN: XXXXXX PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXX
RRYYJJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY RRYYJJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	BILLED AMT ALLOWED AMT AMT (9,999,999.99) (9,999,999.99) (9,999,999.99) 9,999,999.99 9,999,999.99 MEMBER ID: XXXXXXXXXXX OTH INS CD: 99999 99999 99999	9,999,999.99 PA: XXXXXXXXX DIAG: XXXXXXX
REV CD HCPCS/RATE MODIFIERS SRV DATE	999 9999 9999 9999 9999 9999 9999 9999 9999	
	999999 9,999,999,99,999,999,999,999,999	9 9999 9999 9999 9999
	999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999	9 9999 9999 9999 9999
	9999 9999 9999 TOTAL OVERPAYMENT REFUND AMOUNT APPLIED ADDITIONAL PAYMENT	9,999,999.99 9,999,999.99
RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY	(9,999,999.99) (9,999,999.99) (9,999,999.99) 9,999,999.99 9,999,999.99 9,999,999.99 MEMBER ID: XXXXXXXXXXX OTH INS CD: 99999 99999 99999	9,999,999.99
ADJUSTMENT EOB: 9999 HEADER EOBS: 9999 99	999 9999 9999 9999 9999 9999 9999 9999 9999	9 9999 9999 9999
	UNITS BILLED AMT ALWD AMT DETAIL EOBS 999999 9,999,999.99 9,999,999.99 9999 9999 9999 999 9999 9999	
9999 XXXXXXXX XX XX XX XX MMDDYY 99	999999 9,999,999,999,999,999,999,999,99	9 9999 9999 9999
9999 XXXXXXXX XX XX XX MMDDYY 99	999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999	9 9999 9999 9999 99 9999 9999 9999 99 9999 9999 9999 9999 9,999,99
TOTAL HOME HEALTH ADJUSTMENT CLAIMS PAID: TOTAL NO. ADJUSTMENTS 999,999	999,999,999.99 999,999.99 999,999,999.99	999,999,999.99



Field Descriptions - Home Health

Field	Description	Length
Additional Payment (Adjustments Only)	Additional payment amount when the adjustment results in a positive paid amount	9
Adjustment EOB (Adjustments Only)	Code identifying the purpose of the claim adjustment	4
Allowed Amt (Header)	Calculated allowed amount for the services provided on this claim. For adjustments, both the original and new allowed amounts are listed.	9
Alwd Amt (Detail)	Calculated allowed amount for the item billed on each detail line	9
Billed Amt (Detail)	Amount billed by the provider for the services provided	9
Billed Amt (Header)	Total amount billed by the provider for the services provided. For adjustments, both the original and new billed amounts are listed.	9
Detail EOBs	Explanation of benefits (EOB) codes that apply to the claim detail lines. These codes are used to explain why the claim was denied. There could be a maximum of 20 EOB codes per detail line.	4
Diag	Primary diagnosis submitted on the claim	7
HCPCS/Rate	HCPCS codes that correspond to the revenue codes on each of the detail lines being billed. These codes are used to calculate the allowed amount for the services provided. May occur up to 23 times depending on the number of detail lines.	8
Header EOBs	Explanation of benefits (EOB) codes that apply to the claim header. There could be a maximum of 20 EOB codes.	4
ICN	Unique number used to identify and track a claim processed through the system	13
Member ID	Member's MassHealth identification number	12
Member Name	Name of the member	29
Modifiers	Modifiers used to further describe the service provided. Up to four modifiers may be entered on each detail line.	2
NPI	NPI of the provider receiving the remittance advice	10

Field Descriptions – Home Health (cont.)

Field	Description	Length
Oth Ins Amt	Payments made by sources outside of MassHealth. This amount is deducted from the allowed amount to arrive at the paid amount. For adjustments, both the original and new other insurance amount are listed.	9
Oth Ins Cd	Other insurance carrier codes indicated on the claim record. There are a maximum of 3 other insurance codes per claim.	5
PA	Unique number used to identify the prior authorization (PA) number	10
Page	Current page and total number of pages within the provider's RA	8
Paid Amt	Amount that is payable for the services provided. This represents the allowed amount plus the overhead amount, minus the other insurance and deductible amounts.	9
Patient No.	Unique number assigned by the provider. This is usually used for filing or tracking purposes.	12
Payee Number	Nine-digit MassHealth provider number and one-character service location for the provider receiving the remittance advice	10
	NOTE: The space that exists between the provider ID and service location in the sample is not counted in the field size.	
RA Date	Date of issue, usually the Tuesday after the cycle	8
Rev Cd	Revenue codes that pertain to the services being billed on the detail lines. These may occur up to 23 times depending on the number of detail lines billed.	4
Refund Amount Applied (Adjustments Only)	Refund amount applied when the adjustment results in a negative paid amount and cash is applied in the payment cycle	9
Report	Internal report identifier	8
Run	System-generated cycle reference number	6
Service Dates - From	Earliest date of service on all the detail lines. For adjustments, both the original and new 'From' service dates are listed.	6
Service Dates - Thru	Latest date of service on all the detail lines. For adjustments, both the original and new 'Thru' service dates are listed.	6



Guide to the Remittance Advice for Paper Claims and Electronic Equivalents DRAFT

Field Descriptions – Home Health (cont.)

Field	Description	Length
Srv Date	Dates the services were actually provided. Each detail line will have a date on which the service billed on that line was provided to the member. This may occur up to 23 times depending on the number of detail lines billed.	6
Total Home Health Claims – Allowed Amt	Allowed total amount of all the home health claims	10
(Adjusted, Denied, Paid, Pended & Suspended)		
Total Home Health Claims – Billed Amt	Total billed amount of all the home health claims	11
(Adjusted, Denied, Paid, Pended & Suspended)		
Total Home Health Claims – Oth Ins Amt	Total of all other insurance amounts for the home health claims	11
(Adjusted, Denied, Paid, Pended & Suspended)		
Total Home Health Claims – Paid Amt	Total of all the home health claims	11
(Adjusted, Denied, Paid, Pended & Suspended)		
Total No.	Total count of the number of claims on the RA for the provider	6
Total Overpayment (Adjustments Only)	Net overpayment amount when the adjustment results in a negative paid amount and an accounts receivable (setup) transaction is established	9
Units	Units of service provided on the claim. This may occur up to 23 times depending on the number of detail lines billed.	8



Sample Remittance Advice - Inpatient Hospital

Paid Claims

For paid claims, the remittance advice lists all claims that are paid. Claims that include multiple detail lines may include both paid and denied detail lines in this section. A denied detail that is part of a paid claim will list the appropriate explanations of why the detail was denied.

REPORT: CRA-IPPD-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY

MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
RUN: XXXXXX

INPATIENT CLAIMS PAID
PAYEE NUMBER XXXXXXXX X NPI: XXXXXXXXXX

SERVICE DATES DAYS ADMIT RATE AMT BILLED AMT ALLOWED AMT COPAY OTH INS PAID AMTICN PATIENT NO. FROM THRU DATE BILLED	
RRYYJJJBBSSS XXXXXXXXXXX MMDDYY MMDDYY 999 MMDDYY 9,999.99 9,999.99 9,999,999.99 9,999,99	
MEMBER NAME: XXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXX DIAG: XXXXXXXX PROC: XXXXXXX	
HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9	
REV CD UNITS BILLED AMT ALWD AMT DETAIL EOBS	
9999 9,999,999.99 9,999,999.99 9999 999	
9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999	
9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999	
9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999	
RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY 999 MMDDYY 9,999.99 9,999.999.99 9,999.99 999.999.	
MEMBER NAME: XXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXX OTH INS CD: 99999 99999 PAS: XXXXXXXXXX DIAG: XXXXXXX PROC: XXXXXXX	
HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9	
REV CD UNITS BILLED AMT ALWD AMT DETAIL EOBS	
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9999 9,999,999,99 9,999,999.99 9,999 9999 9999 9999 9999 9999 9999 9999 9999	
9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999	
9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999	1
RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY 999 MMDDYY 9,999.99 9,999.99 9,999.99 9,999.99 9,999.99 9,999.99 9,999.99	
MEMBER NAME: XXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXX OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXX DIAG: XXXXXXXX PROC: XXXXXXX	
HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9	
REV CD UNITS BILLED AMT ALWO AMT DETAIL EOBS	
9999 999999, 999,	,
9999 9,999,999.99 9,999,999.99 9999 999	1
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9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999)
RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY 999 MMDDYY 9,999.99 9,999,999.99 9,999,999.99 9,999,99	
MEMBER NAME: XXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXX OTH INS CD: 9999 9999 9999 9898: XXXXXXXXXX DIAG: XXXXXXXX PROC: XXXXXXXX	
HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9	
REV CD INIT'S BILLED AMT ALWD AMT DETAIL EOBS	
9999 9999999 9,999,999,99 9,999,999,99 9999 9999 9999 9999 9999 9999 9999 9999	j
9999 9999999 9,999,999,999,999,999,999,	
9999 9999999 9,999,999,999,999 9999 9999 9999 9999 9999 9999 9999 9999	
9999 9,999,999,999,999,999,999,999 9999 9999 9999 9999 9999 9999 9999 9999	
TOTAL INPATIENT CLAIMS PAID: 999,999,999.99 999,999,999.99	
999,999,999.99 99,999,999.99 99,999,999.99 99,999,9	
TOTAL NO. FAID. 377,777	

RUN: XXXXXX



Sample Remittance Advice – Inpatient Hospital (cont.)

Pended Claims

For pended claims, the remittance advice lists all claims that are pended, along with EOB codes that explain any discrepancies between the billed and paid amounts.

REPORT: CRA-IPEN-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY
MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999

MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

INPATIENT CLAIMS PENDED PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXXX

T CNT		SERVICE	DATES DAYS	יידאמע !	RATE Z	MT B	TIJED	ΔΜΤ	ALLOW	TMA CE	CO	PAY	ОТН	INS		DΔ1	D AM
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	BBBSSS XXXXXXXXXXX						. 999 . 0	99 99	9.999	999 90	999	999 99		9,999.	99	9.90	99.999
	NAME: XXXXXXXXXXXXXX													. ,		. ,	. ,
	EOBS: 9999 9999 999																
REV CD	UNITS BILLED AM			'AIL EOB													
9999	9999999 9,999,999.9					9999	9999	999 90	999 999	9 9999	9999 9	999 999	9999	9999	9999	9999	9999
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RRYYJJJ	BBBSSS XXXXXXXXXXX	MMDDYY	MMDDYY 999	MMDDY	y 9,999	.99 9	,999,9	99.99	9,999	,999.99	999,	999.99	9,99	9,999.	.99	9,99	9,999
	NAME: XXXXXXXXXXXXXX									-						oc: XX	XXXXX
HEADER	EOBS: 9999 9999 999	99 9999 99	999 9999 99	99 9999	9999 99	99 999	9 9999	9999	9999 9	999 999	9 9999	9999 9	99 99	99			
REV CD	UNITS BILLED AMT	r ALWD	AMT DET	AIL EOB	S												
9999	9999999 9,999,999.9	9,999,9	999.99 9999	9999 9	999 9999	9999	9999	999 99	999 999	9999	9999 9	999 999	9999	9999	9999	9999	9999
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9999	9999999 9,999,999.9	9,999,9	999.99 9999	9999 9	999 9999	9999	9999	999 99	999 999	9999	9999 9	999 999	9999	9999	9999	9999	9999
9999	9999999 9,999,999.9	99 9.999.0	999.99 9999	9999 9	999 9999	9999	9999	9999 99	999 999	9 9999	9999 9	999 999	9999	9999	9999	9999	9999
	NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99 9999 99	999 9999 99		9999 99										PROC:	: XXXX	XXXX
KEV CD			000 00 0000	0000 0	000 000	0000	0000			0000	0000	000 000					
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9999	9999999 9,999,999.9	99 9,999,9	999.99 9999	9999 9	999 9999	9999	9999 9	999 99	999 999	9999	9999 9	999 999	9999	9999	9999	9999	9999
9999 9999	9999999 9,999,999.9 9999999 9,999,999.9	99 9,999,9 99 9,999,9	999.99 9999 999.99 9999	9999 9 9999 9	999 9999 999 9999	9999	9999 9 9999 9	9999 99 9999 99	999 999 999 999	9 9999 9 9999	9999 9 9999 9	999 999 999 999	9999 9999	9999 9999	9999 9999	9999 9999	9999 9999
9999 9999 9999	9999999 9,999,999.9 9999999 9,999,999.9 9999999 9,999,999.9	99 9,999,9 99 9,999,9 99 9,999,9	999.99 9999 999.99 9999 999.99 9999	9999 9 9999 9 9999 9	999 9999 999 9999 999 9999	9999 9999 9999	9999 9 9999 9 9999 9	9999 9 <u>9</u> 9999 9 <u>9</u> 9999 9 <u>9</u>	999 999 999 999 999 999	9 9999 9 9999 9 9999	9999 9 9999 9 9999 9	999 999 999 999 999 999	9999 9999 9999	9999 9999 9999	9999 9999 9999	9999 9999 9999	9999 9999 9999
9999 9999 9999 9999 RRYYJJJ	9999999 9,999,999.9 9999999 9,999,999.9 9999999 9,999,999.9 999999 9,999,999.9	99 9,999,9 99 9,999,9 99 9,999,9 MMDDYY	999.99 9999 999.99 9999 999.99 9999 MMDDYY 999	9999 9 9999 9 9999 9 MMDDY	999 9999 999 9999 999 9999 Y 9,999	9999 9999 9999 9999	9999 9 9999 9 9999 9	9999 99 9999 99 9999 99	999 999 999 999 999 999 9,999	9 9999 9 9999 9 9999 ,999.99	9999 9 9999 9 9999 9	999 999 999 999 999 999	9999 9999 9999 9,99	9999 9999 9999 9,999.	9999 9999 9999	9999 9999 9999	9999 9999 9999
9999 9999 9999 9999 RRYYJJJ MEMBER 1	9999999 9,999,999.5 9999999 9,999,999.5 9999999 9,999,999.5 9999999 9,999,999.5 BBBSSS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99 9,999,9 99 9,999,9 99 9,999,9 MMDDYY XXXX MEMI	999.99 9999 999.99 9999 999.99 9999 MMDDYY 999 BER ID: XXX	9999 9 9999 9 9999 9 MMDDY	999 9999 999 9999 999 9999 Y 9,999 XX OTH	9999 9999 9999 0.99 9 INS CD	9999 9 9999 9 9999 9	9999 99 9999 99 9999 99 999.99	999 999 999 999 999 999 9,999	9 9999 9 9999 9 9999 ,999.99	9999 9 9999 9 9999 9 999, XXXXXX	999 999 999 999 999 999 999.99 XXXX D	99999 99999 99999 9,99	9999 9999 9999 9,999. xxxxx	9999 9999 9999	9999 9999 9999	9999 9999 9999
9999 9999 9999 8RYYJJJ MEMBER I HEADER I	9999999 9,999,999.9 9999999 9,999,999.9 9999999 9,999,999.9 9999999 9,999,999.9 BBBSSS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99 9,999,9 99 9,999,9 99 9,999,9 MMDDYY XXXX MEMI 99 9999 99	999.99 9999 999.99 9999 999.99 9999 MMDDYY 999 BER ID: XXX 999 9999 99	9999 9 9999 9 9999 9 MMDDY XXXXXXX	999 9999 999 9999 999 9999 Y 9,999 XX OTH 9999 99	9999 9999 9999 0.99 9 INS CD	9999 9 9999 9 9999 9	9999 99 9999 99 9999 99 999.99	999 999 999 999 999 999 9,999	9 9999 9 9999 9 9999 ,999.99	9999 9 9999 9 9999 9 999, XXXXXX	999 999 999 999 999 999 999.99 XXXX D	99999 99999 99999 9,99	9999 9999 9999 9,999. xxxxx	9999 9999 9999	9999 9999 9999	9999 9999 9999
9999 9999 9999 RRYYJJJJ MEMBER I HEADER I REV CD	9999999 9,999,999.9 9999999 9,999,999.9 9999999 9,999,999.9 BBBSSS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99 9,999,9 99 9,999,9 99 9,999,9 MMDDYY XXXX MEMI 99 9999 99	999.99 9999 999.99 9999 999.99 9999 MMDDYY 999 BER ID: XXX 999 9999 99	9999 9 9999 9 9999 9 MMDDY XXXXXXX 99 9999	999 9999 999 9999 999 9999 Y 9,999 XX OTH 9999 99	9999 9999 9999 0.99 9 INS CD	9999 9 9999 9 9999 9 ,999,9	9999 99 9999 99 9999 99 999.99 99999	999 999 999 999 999 999 9,999 9999 9	9 9999 9 9999 9 9999 ,999.99 9 PAS:	9999 9 9999 9 9999 9 999, XXXXXX 9 9999	999 999 999 999 999 999 999.99 XXXX D 9999 9	9 9999 9 9999 9 9999 9,99 IAG: X	9999 9999 9999 9,999. XXXXXX	9999 9999 9999 .99	9999 9999 9999 9,99	9999 9999 9999 99,999
9999 9999 9999 9999 RRYYJJJJ MEMBER I HEADER I REV CD 9999	9999999 9,999,999.9 9999999 9,999,999.9 9999999 9,999,999.9 BBBSSS XXXXXXXXXXXX NAME: XXXXXXXXXXXXXX EOBS: 9999 999 999 UNITS BILLED AM 9999999 9,999,999.9	99 9,999,9 99 9,999,9 99 9,999,9 MMDDYY XXXX MEMI 99 9999 99 F ALWD	999.99 9999 999.99 9999 999.99 9999 MMDDYY 999 BER ID: XXX 999 999 99 AMT DET 999.99 9999	9999 9 9999 9 9999 9 MMDDY XXXXXXX 99 9999 PAIL EOB	999 9999 999 9999 999 9999 Y 9,999 XX OTH 9999 99 S	9999 9999 9999 0.99 9 INS CD	9999 9 9999 9 ,999,9 : 9999 9 9999	9999 99 9999 99 9999 99 9999 9999 9999 99	999 999 999 999 999 999 9,999 9999 9	9 9999 9 9999 9 9999 ,999.99 9 PAS: 999 999	9999 9 9999 9 9999, xxxxxx 9 9999	999 999 999 999 999 999 999.99 XXXX D 9999 9	9 9999 9 9999 9 9999 1AG: X 999 99	9999 9999 9999 9,999. xxxxxx 99	9999 9999 9999 .99 K PROO	9999 9999 9999 9,99 2: XXX	9999 9999 9999 99,999 XXXXX
9999 9999 9999 8RRYYJJJJ MEMBER I HEADER I REV CD 9999 9999	9999999 9,999,999.9 9999999 9,999,999.9 9999999 9,999,999.9 BBBSSS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99 9,999,9 99 9,999,9 99 9,999,9 MMDDYY XXXX MEMI 99 9999 99 1 ALWD 99 9,999,9	999.99 9999 999.99 9999 MMDDYY 999 BER ID: XXX 999 9999 99 AMT DET 999.99 9999	9999 9 9999 9 9999 9 MMDDY XXXXXXX 99 9999 AIL EOB	999 9999 999 9999 999 9999 Y 9,999 XX OTH 9999 99 S 999 9999	9999 9999 9999 1.99 9 INS CD 999 999	9999 9 9999 9 ,999,9 : 9999 9 9999 9	9999 99 9999 99 9999 99 9999 9999 9999 99	999 999 999 999 9,999 9,999 9999 9	9 9999 9 9999 ,999.99 ,999.99 9 PAS: 999 999	9999 9 9999 9 9999, xxxxxx 9 9999 9999 9	999 999 999 999 999 999 999.99 XXXX D 9999 9	9 9999 9 9999 9,99 1AG: X 999 99	9999 9999 9,999 xxxxxx 99 9999	9999 9999 9999 .99 Y PROC	9999 9999 9,99 2: XXX	9999 9999 99,999 XXXXX 9999 9999
9999 9999 9999 RRYYJJJJ MEMBER I HEADER I REV CD 9999 9999	9999999 9,999,999.5 9999999 9,999,999.5 9999999 9,999,999.5 BBBSSS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99 9,999,5 99 9,999,5 MMDDYY XXXX MEMI 99 9999 95 F ALWD 99 9,999,5 99 9,999,5 99 9,999,5	999.99 9999 999.99 9999 MMDDYY 999 BER ID: XXX 999 9999 99 AMT DET 999.99 9999	MMDDY XXXXXXX 99999 AIL EOB 9999 9999 9999	999 9999 999 9999 Y 9,999 XX OTH 9999 99 S 999 9999	9999 9999 9999 1.99 9 INS CD 999 999 9999	9999 9 9999 9 ,999,9 : 9999 9999 9	9999 99 9999 99 9999 99 9999 99 9999 99	9,99,999 9,99,999 9,999 9,999 9,999 9,999,999 9,999,999	9 9999 9 9999 ,999.99 PAS: 999 999 9 9999 9 9999	9999 9 9999 9 9999, xxxxxx 9 9999 9999 9	999 999 999 999 999 999 8XXXX D 9999 9 999 999	9 9999 9 9999 9,99 1AG: X 999 99 9 9999 9 9999	9999 9999 9,999. xxxxxx 99 9999 9999	9999 9999 9999 .99 K PROO 9999 9999	9999 9999 9,99 9,99 2: XXX 9999 9999	9999 9999 99,999 XXXXX 9999 9999
9999 9999 9999 8RRYYJJJJ MEMBER I HEADER I REV CD 9999 9999	9999999 9,999,999.9 9999999 9,999,999.9 9999999 9,999,999.9 BBBSSS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99 9,999,5 99 9,999,5 MMDDYY XXXX MEMI 99 9999 95 F ALWD 99 9,999,5 99 9,999,5 99 9,999,5	999.99 9999 999.99 9999 MMDDYY 999 BER ID: XXX 999 9999 99 AMT DET 999.99 9999	MMDDY XXXXXXX 99999 AIL EOB 9999 9999 9999	999 9999 999 9999 Y 9,999 XX OTH 9999 99 S 999 9999	9999 9999 9999 1.99 9 INS CD 999 999 9999	9999 9 9999 9 ,999,9 : 9999 9999 9	9999 99 9999 99 9999 99 9999 99 9999 99	9,99,999 9,99,999 9,999 9,999 9,999 9,999,999 9,999,999	9 9999 9 9999 ,999.99 PAS: 999 999 9 9999 9 9999	9999 9 9999 9 9999, xxxxxx 9 9999 9999 9	999 999 999 999 999 999 8XXXX D 9999 9 999 999	9 9999 9 9999 9,99 1AG: X 999 99 9 9999 9 9999	9999 9999 9,999. xxxxxx 99 9999 9999	9999 9999 9999 .99 K PROO 9999 9999	9999 9999 9,99 9,99 2: XXX 9999 9999	9999 9999 99,999 XXXXX 9999 9999
9999 9999 9999 RRYYJJJJ MEMBER I HEADER I REV CD 9999 9999 9999	9999999 9,999,999.5 9999999 9,999,999.5 BBBSSS XXXXXXXXXXXX NAME: XXXXXXXXXXXXX EOBS: 9999 999 UNITS BILLED AM 9999999 9,999,999.5 9999999 9,999,999.5	99 9,999,5 99 9,999,5 MMDDYY XXXX MEMI 99 9999 95 F ALWD 99 9,999,5 99 9,999,5 99 9,999,5	999.99 9999 999.99 9999 MMDDYY 999 BER ID: XXX 999 9999 99 AMT DET 999.99 9999 999.99 9999	MMDDY XXXXXXX 99 999 9 ALL EOB 9999 9 9999 9 9999 9	999 9999 999 9999 Y 9,999 XX OTH 9999 99 S 999 9999 999 9999	9999 9999 9999 1.99 9 1NS CD 199 999 9999 9999 9999	9999 9 9999 9 ,999,9 : 9999 9999 9	99999999999999999999999999999999999999	999 999 999 999 99 999 99 999 999 999 999 999 999 999	9 9999 9 9999 9 9999 ,999.99 9 PAS: 9999 9999 9 9999 9 9999	9999 9 9999 9 9999 9 999, xxxxxx 9 9999 9999 9 9999 9	999 999 999 999 999 999 XXXX D 9999 99 999 999 999 999	9,999 9,999 9,99 9,99 1AG: X 999 99 9,999 9,999 9,999	9999 9999 9,999 9,999 xxxxxx 99 9999 99	9999 9999 9999 .99 K PROC 9999 9999 9999	9999 9999 9,99 9,99 2: XXX 9999 9999	9999 9999 99,999 XXXXX 9999 9999
9999 9999 9999 RRYYJJJJ MEMBER I HEADER I REV CD 9999 9999 9999	9999999 9,999,999.5 9999999 9,999,999.5 9999999 9,999,999.5 BBBSSS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99 9,999,5 99 9,999,5 MMDDYY XXXX MEMI 99 9999 95 F ALWD 99 9,999,5 99 9,999,5 99 9,999,5	999.99 9999 999.99 9999 MMDDYY 999 BER ID: XXX 999 9999 99 AMT DET 999.99 9999 999.99 9999	MMDDY XXXXXXX 99 999 9 ALL EOB 9999 9 9999 9 9999 9	999 9999 999 9999 Y 9,999 XX OTH 9999 99 S 999 9999	9999 9999 9999 1.99 9 INS CD 199 999 9999 9999 9999	9999 9 9999 9 , 999, 9 : 9999 9 9999 9 9999 9	99999999999999999999999999999999999999	9,999 9,999 9,999 9,999 9,999 9,999 9,999 9,999 9,999 9,999 9,999 9,999	9 9999 9 9999 9 9999 ,999.99 9 PAS: 999 999 9 9999 9 9999 9 9999	9999 9 9999 9 9999, XXXXXX 9 9999 9999 9 9999 9 9999 9	999 999 999 999 999 999 XXXX D 9999 99 999 999 999 999	9 9999 9 9999 9,99 1AG: X 999 99 9 9999 9 9999	9999 9999 9,999 9,999 xxxxxx 99 9999 99	9999 9999 9999 . 99 & PROO 9999 9999 9999	9999 9999 9,99 9,99 2: XXX 9999 9999	9999 9999 99,999 (XXXX 9999 9999 9999



Sample Remittance Advice – Inpatient Hospital (cont.)

Denied Claims

For denied claims, the remittance advice lists all claims that were denied, along with EOB codes that explain why the claims were denied.

REPORT: CRA-IPDN-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999 PROVIDER REMITTANCE ADVICE RIIN: XXXXXX INPATIENT CLAIMS DENIED PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXX SERVICE DATES DAYS ADMIT RATE AMT BILLED AMT OTH INS --ICN--PATIENT NO. FROM THRU DATE BILLED AMT RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY 999 MMDDYY 9,999.99 9,999,999.99 9,999,999.99 9,999,999.99 MEMBER NAME: XXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXX OTH INS CD: 99999 99999 PAS: XXXXXXXXXX DIAG: XXXXXXX PROC: XXXXXXX **** DUPLICATE ICN RRYYJJJBBBSSS ON RUN 9999 **** REV CD UNITS BILLED AMT ALWD AMT DETAIL EOBS MEMBER NAME: XXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXX OTH INS CD: 99999 99999 PAS: XXXXXXXXXX DIAG: XXXXXXX PROC: XXXXXXX REV CD UNITS BILLED AMT ALWD AMT DETAIL EOBS RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY 999 MMDDYY 9,999.99 9,999,999.99 9,999,999.99 9,999,999.99 MEMBER NAME: XXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXX OTH INS CD: 99999 99999 PAS: XXXXXXXXXX DIAG: XXXXXXX PROC: XXXXXXX REV CD UNITS BILLED AMT ALWD AMT DETAIL EOBS MEMBER NAME: XXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXX OTH INS CD: 99999 99999 PAS: XXXXXXXXXX DIAG: XXXXXXX PROC: XXXXXXX REV CD UNITS BILLED AMT ALWD AMT DETAIL EOBS TOTAL INPATIENT CLAIMS DENIED: TOTAL NO. DENIED: 999,999



Sample Remittance Advice – Inpatient Hospital (cont.)

Suspended Claims

TOTAL NO. SUSPENDED: 999,999

For suspended claims, the remittance advice lists all claims that are suspended, along with EOB codes that explain why the claims were suspended. Suspended claims appear on these RAs one time when they are initially in the suspended status. They reappear each time the claim is reworked. This is triggered by the update in the claim's location code.

REPORT: CRA-IPSU-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY

MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999

PROVIDER REMITTANCE ADVICE RUN: XXXXXX

INPATIENT CLAIMS SUSPENDED PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXXX

SERVICE DATES DAYS ADMIT RATE AMT BILLED AMT ALLOWED AMT COPAY OTH INS
ICN PATIENT NO. FROM THRU DATE BILLED AMT
RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY 999 MMDDYY 9,999.99 9,999,999.99 9,999,999.99 9,999,99
MEMBER NAME: XXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXX OTH INS CD: 99999 99999 98999 PAS: XXXXXXXXXX DIAG: XXXXXXX PROC: XXXXXXX
HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9
REV CD UNITS BILLED AMT ALWD AMT DETAIL EOBS
9999 999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999
9999 999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999
999 9999999 9,999,999.99 9,999,999,999 999
9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999
RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY 999 MMDDYY 9,999.99 9,999.99 9,999.99 9,999.99 9,999.99 9,999.99
MEMBER NAME: XXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXX OTH INS CD: 99999 99999 PAS: XXXXXXXXXX DIAG: XXXXXXXXX PROC: XXXXXXXX
HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9
REV CD UNITS BILLED AMT ALWD AMT DETAIL EOBS
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9999 999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999
RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY 999 MMDDYY 9,999.99 9,999.99 9,999.99 999.999.99 9,999.999.
RRIIGUJBBBSSS AAAAAAAAAAAAA MUDDII 1999 MILLIA 999 MILLIA 999 MILLIA 999 MILLIA 9999 MILLI
HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9
REV CD UNITS BILLED AMT ALWD AMT DETAIL EOBS
9999 9,999,999,999,999,999,999,999,999,
9999 9,999,999,999,999,999,999,999,999,
9999 9,999,999,999,999,999,999,999,999,
RRYYJJJBBSSS XXXXXXXXXXX MMDDYY MMDDYY 999 MMDDYY 9,999.99 9,999,999.99 9,999,999.99 999,999.99 9,999,99
MEMBER NAME: XXXXXXXXXXXXXX DIAG: XXXXXXXXXXX OTH INS CD: 99999 99999 PAS: XXXXXXXXXX DIAG: XXXXXXXX PROC: XXXXXXX
HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9
REV CD UNITS BILLED AMT ALWD AMT DETAIL EOBS 9999 9999999 9,999,999,99 9,999,999,999
פרצי בערני
9999 9999999, 9,999, 999, 999, 999, 999, 999, 9999 9999 9999 9999 9999 9999 9999 9999
TOTAL INPATIENT CLAIMS SUSPENDED: 999,999,999.99 999,999,999.99 999,999,9



Sample Remittance Advice – Inpatient Hospital (cont.)

Adjusted Claims

For adjustments, the remittance advice displays header data for the original claim and displays both header and detail data for the adjustment claim. The net result of the adjustment is also displayed, along with the accounting of any refunded money.

MEDICAID MA PROVI	EALTH OF MASSACHUSETTS NAGEMENT INFORMATION SYSTEM DER REMITTANCE ADVICE TENT CLAIMS ADJUSTED PAYEE NUMB	RA DATE: MM/DD/YYYY PAGE: 9999 of 9999 RUN: XXXXXX ER XXXXXXXXX X NPI: XXXXXXXXX
SERVICE DATES DAYS ADMIT RATE AMICN PATIENT NO. FROM THRU DATE BILLED RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY 999 MMDDYY (9,999. RRYYJJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY 999 MMDDYY 9,999. MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	AM 99)(9,999,999.99)(9,999,999.99)(999,999.99) 99 9,999,999.99 9,999,999.99 99,999.99	T ,999.99) (9,999,999.99) ,999.99 9,999,999.99 XXX DIAG: XXXXXXX PROC: XXXXXXX
REV CD UNITS BILLED AMT ALWD AMT DETAIL EOBS 9999 9999999 9,999,999.99 9999.999 9999	9999 9999 9999 9999 9999 9999 9999 9999 9999	9999 9999 9999 9999 9999 9999 9999 999
RRYYJJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY 999 MMDDYY (9,999. RRYYJJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY 999 MMDDYY 9,999. MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99 9,999,999.99 9,999,999.99 999,999.99 9,999	,999.99 9,999,999.99 XXX DIAG: XXXXXXX PROC: XXXXXXX
REV CD UNITS BILLED AMT ALWD AMT DETAIL EOBS 9999 999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 999999 9,999,999.99 9,999,999.99 9999 9999 9999	9999 9999 9999 9999 9999 9999 9999 9999 9999	9999 9999 9999 9999 9999 9999 9999 999
TOTAL INPATIENT ADJUSTMENT CLAIMS PAID: TOTAL NO. ADJUSTED 999,999	999,999.99 999,999,999.99 99,999,999.99	,999.99 999,999,999.99



Field Descriptions – Inpatient Hospital

Field	Description	Length
Additional Payment (Adjustments Only)	Additional payment amount when the adjustment results in a positive paid amount	9
Adjustment EOB (Adjustments Only)	Code identifying the purpose of the claim adjustment	4
Header EOB	Code identifying the purpose of the claim	4
Admit Date	Date the member was admitted into the hospital. For adjustments, both the original and new admittance dates are listed.	6
Allowed Amt (Header)	Calculated allowed amount for the services provided on this claim. For adjustments, both the original and new allowed amounts are listed.	9
Alwd Amt (Detail)	Calculated allowed amount for the item billed on each detail line	9
Billed Amt (Detail)	Calculated amount allowed for the detail item billed	9
Billed Amt (Header)	Amount billed by the provider for the claim. For adjustments, both the original and new billed amounts are listed.	9
Copay	Amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount. For adjustments, both the original and new copayments are listed.	8
Days	Number of days the member was in the hospital. This is the number of days submitted on the claim. For adjustments, both the original and new days are listed.	3
Detail EOBs	Explanation of benefits (EOB) codes	4
Diag	Primary diagnosis submitted on the claim	7
ICN	Unique number used to identify and track a claim processed through the system	13
Member ID	Member's MassHealth identification number	12
Member Name	Name of the member	29
NPI	NPI of the provider receiving the remittance advice	10



Guide to the Remittance Advice for Paper Claims and Electronic Equivalents DRAFT

Field Descriptions – Inpatient Hospital (cont.)

Field	Description	Length
Oth Ins Amt	Amount paid by sources other than MassHealth being billed for the member's stay. This amount is subtracted from the allowed amount to arrive at the paid amount. For adjustments, both the original and new other insurance amounts are listed.	9
Oth Ins Cd	Other insurance carrier codes indicated on the claim record. There are a maximum of 3 other insurance codes per claim.	5
PAS	Unique number used to identify the preadmission screening (PAS) number	10
Page	Current page and total number of pages within the provider's RA	8
Paid Amount	Amount that is payable for the claim	9
Patient No.	Unique number assigned by the provider. This is usually used for filing or tracking purposes.	12
Payee Number	Nine-digit MassHealth provider number and one-character service location for the provider receiving the remittance advice	10
	NOTE: The space that exists between the provider id and service location in the sample is not counted in the field size.	
Proc	Code that represents the surgical procedure code	7
RA Date	Date of issue, usually the Tuesday after the cycle	8
Rev Cd	Revenue codes that pertain to the services being billed on the detail lines. This may occur up to 23 times depending on the number of detail lines billed.	4
Refund Amount Applied (Adjustments Only)	Refund amount applied when the adjustment results in a negative paid amount and cash is applied in the payment cycle	9
Report	Internal report identifier	8
Run	System-generated cycle reference number	6
Service Dates – From	Earliest date of service on all the detail lines	6
Service Dates – Thru	Latest date of service on all the detail lines	6



Guide to the Remittance Advice for Paper Claims and Electronic Equivalents DRAFT

Field Descriptions – Inpatient Hospital (cont.)

Field	Description	Length
Total Inpatient Claims – Allowed Amt	Allowed amount total of all the inpatient claims	11
(Adjusted, Denied, Paid, Pended & Suspended)		
Total Inpatient Claims – Billed Amt	Total billed amount of all the inpatient claims	11
(Adjusted, Denied, Paid, Pended & Suspended)		
Total Inpatient Claims – Copay	Total of all copay amounts for the inpatient claims	10
(Adjusted, Denied, Paid, Pended & Suspended)		
Total Inpatient Claims – Oth Ins Amt	Total of all other insurance amounts for the inpatient claims	11
(Adjusted, Denied, Paid, Pended & Suspended)		
Total Inpatient Claims – Paid Amt	Total of all the inpatient claims paid	11
(Adjusted, Denied, Paid, Pended & Suspended)		
Total No.	Total count of the number of claims on the RA for the provider	6
Total Overpayment (Adjustments Only)	Net overpayment amount when the adjustment results in a negative paid amount and an accounts receivable (setup) transaction is established	9
Units	Units of service provided. This may occur up to 23 times depending on the number of detail lines billed.	8



Sample Remittance Advice – Long-Term Care

Paid Claims

For paid claims, the remittance advice lists all claims that are paid. Claims that include multiple detail lines may include both paid and denied detail lines in this section. A denied detail that is part of a paid claim will list the appropriate explanations of why the detail was denied.

REPORT: CRA	A-LTPD-R		MEDICAID	NWEALTH OF M MANAGEMENT I VIDER REMITT G TERM CARE	INFORMATION	N SYSTEM				RA DATE: MM/I PAGE: 9999 c RUN: X NPI: XXXX	of 9999 xxxxxx
RRYYJJJBBBSSS MEMBER NAME:	SE PATIENT NO. FR S XXXXXXXXXXXXX MMD XXXXXXXXXXXXXXXXXXXXX	DYY MMDDYY XXX XXXXXXXXXX MEM	YL DAYS DAT X 999 MMDDYY BER ID: XXXXX	E BILLED A 9,999,999. XXXXXXX OTH	.99 9,999, H INS CD:	,999.99 99999 999	99,999.99 99 99999 PA	999,999.99 s: xxxxxxx	LD) AMT 9,999,999. XXX DIAG: X	PAID 99 9,999,999	
	NITS BILLED AMT		DETAIL EOBS								
	9999 9,999,999.99										
	9999 9,999,999.99 9999 9,999,999.99										
	9999 9,999,999.99										
9999 9999 9999 9999	NITS BILLED AMT 9999 9,999,999.99 9999 9,999,999.99 9999 9,999,999.99	9,999,999.99 9 9,999,999.99 9 9,999,999.99 9	999 9999 9999	9999 9999 9 9999 9999 9	9999 9999 9	9999 9999 9999 9999	9999 9999 9 9999 9999 9	999 9999 9 999 9999 9	999 9999 999 999 9999 999	9 9999 9999 9 9999 9999	
MEMBER NAME	SS XXXXXXXXXXXXX MM: XXXXXXXXXXXXXXXXXXX	XXXXXXXXXX ME	MBER ID: XXXX	TO XXXXXXXX	TH INS CD:	99999 99	999 99999 P	AS: XXXXXX	XXXX DIAG:	9.99 9,999,9 XXXXXX	999.99
REV CD UI	NITS BILLED AMT	ALWD AMT	DETAIL EOBS								
	9999 9,999,999.99										
	9999 9,999,999.99		999 9999 9999								
	9999 9,999,999.99	9,999,999.99 9 9,999,999.99 9									
	TERM CARE CLAIMS P			999,999,999.			99,999.99		999,999,999.		
AL NO. PAID:	999,999				999,999	,999.99	99,	999,999.99		999,999,999	9.99



Sample Remittance Advice - Long-Term Care (cont.)

Pended Claims

TOTAL NO. PENDED: 999,999

For pended claims, the remittance advice lists all claims that are pended, along with EOB codes that explain any discrepancies between the billed and paid amounts.

REPORT: CRA-LTEN-R COMMONWEALTH OF MASSACHUSETTS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE LONG TERM CARE CLAIMS PENDED	RA DATE: MM/DD/YYYY PAGE: 9999 of 9999 RUN: XXXXXX PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXX
REV CD UNITS BILLED AMT ALLOWED AMT DETAIL EOBS 9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999	999 9999 9999 9999 9999 9999 999 9999 9999 9999 9999 9999 999 9999 9999 9999 9999 999,999.99 9,999,999.99 AS: XXXXXXXXX DIAG: XXXXXXX
REV CD UNITS BILLED AMT ALLOWED AMT DETAIL EOBS 9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999	999 9999 9999 9999 9999 9999 999 9999 9999 9999 9999 999 9999 9999 9999 9999
RRYYJJJBBSSS XXXXXXXXXXX MMDDYY MMDDYY XXX 999 MMDDYY 9,999,999.99 9,999,999.99 999,999.99 MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	AS: XXXXXXXXX DIAG: XXXXXXX
REV CD UNITS BILLED AMT ALLOWED AMT DETAIL EOBS 9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999	999 9999 9999 9999 9999 9999 999 9999 9999 9999 9999
	999,999.99 999,999,999.99



Sample Remittance Advice – Long-Term Care (cont.)

Denied Claims

For denied claims, the remittance advice lists all claims that were denied, along with EOB codes that explain why the claims were denied.

REPORT: CRA-LTDN-R

TOTAL NO. DENIED: 999,999

COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
LONG TERM CARE DENIED

RUN: XXXXXX
PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXX

RA DATE: MM/DD/YYYY

PAGE: 9999 of 9999

RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY XXX 999 MMDDYY 9,999,999.99 9,999	99999 99999 99999 PAS: XXXXXXXXX DIAG: XXXXXXX
9999 999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999	999 9999 9999 9999 9999 9999 9999 9999 9999
	9,999.99 999,999.99 999,999.99 9,999,999
9999 999999 9,999,999.99 9,999,999.99 999 9	999 9999 9999 9999 9999 9999 9999 9999 9999
	9,999.99 999,999.99 999,999.99 9,999,999
9999 999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999	999 9999 9999 9999 9999 9999 9999 9999 9999
TOTAL LONG TERM CARE CLAIMS DENIED: 999,999,999,999.99	99,999,999.99 99,999,999.99



Sample Remittance Advice – Long-Term Care (cont.)

Suspended Claims

For suspended claims, the remittance advice lists all claims that are suspended, along with EOB codes that explain why the claims were suspended. Suspended claims appear on these RAs one time when they are initially in the suspended status. They reappear each time the claim is reworked. This is triggered by the update in the claim's location code.

REPORT: CRA-LTSU-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999 PROVIDER REMITTANCE ADVICE RUN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
SERVICE DATES MBR ADMIT PAT LIAB PAT LIAB OTH INSICN PATIENT NO. FROM THRU LVL DAYS DATE BILLED AMT ALLOWED AMT AMT (CLM) AMT (APPLD) AMT RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY XXX 999 MMDDYY 9,999,999.99 9,999,999.99 999,999.99 999,999.99 9,999,99
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9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999
9999 999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999
RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY XXX 999 MMDDYY 9,999,999.99 9,999,999.99 999,999.99 999,999.99 9,999,99
REV CD UNITS BILLED AMT ALWD AMT DETAIL EOBS
9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999
9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999
9999 999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999
9999 999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999
RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY XXX 999 MMDDYY 9,999,999.99 9,999,999.99 999,999.99 999,999.99 9,999,99
HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9
REV CD UNITS BILLED AMT ALWD AMT DETAIL EOBS 9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999
9999 9999 999,999.99 99,999,999 9999 99
9999 9999999 9,999,999.99 9,999,999 9999 9999 9999 9999 9999 9999 9999 9999
9999 9999999 9,999,999.99 9,999,99 9999 9999 9999 9999 9999 9999 9999 9999
TOTAL LONG TERM CARE CLAIMS SUSPENDED: 999,999,999.99 99,999,999.99 999,999,99
999,999.999 99,999,999.99
TOTAL NO. SUSPENDED: 999,999



Sample Remittance Advice – Long-Term Care (cont.)

Adjusted Claims

For adjustments, the remittance advice displays header data for the original claim and displays both header and detail data for the adjustment claim. The net result of the adjustment is also displayed, along with the accounting of any refunded money.

REPORT: CRA-LTAD-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY

MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999

PROVIDER REMITTANCE ADVICE
LONG TERM CARE ADJUSTMENT PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXXX

ADMIT SERVICE DATES MBR PAT LIAB PAT LITAR OTH INS PATIENT NO. FROM THRU LVL DAYS DATE BILLED AMT ALLOWED AMT AMT (CLM) AMT (APPLD) AMT --TCN--PATD AMT REV CD UNITS BILLED AMT ALWD AMT DETAIL EOBS TOTAL OVERPAYMENT 9,999,999.99 9,999,999.99 REFUND AMOUNT APPLIED ADDITIONAL PAYMENT 9,999,999.99

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 PAS: XXXXXXXXXX DIAG: XXXXXXXX

TOTAL OVERPAYMENT 9,999,999.99
REFUND AMOUNT APPLIED 9,999,999.99
ADDITIONAL PAYMENT 9,999,999.99

TOTAL NO. ADJUSTMENTS 999,999 99 999,999 999,999,999 999,999,999 999,999,999



Field Descriptions – Long-Term Care

Field	Description	Length
Additional Payment (Adjustment Only)	Additional payment amount when the adjustment results in a positive paid amount	9
Adjustment EOB (Adjustments Only)	Code identifying the purpose of the claim adjustment	4
Header EOB	Code identifying the purpose of the claim	4
Admit Date	Date the member was admitted into the long-term-care (LTC) facility	6
Allowed Amt (Header)	Calculated allowed amount for the services provided on this claim. For adjustments, both the original and new allowed amounts are listed.	9
Alwd Amt (Detail)	Calculated allowed amount for the item billed on each detail line	9
Billed Amt (Header)	Amount requested by the provider for the service billed on the detail line	9
Billed Amt (Detail)	Calculated amount allowed for the detail item billed	9
Days	Number of days the member was in the LTC facility. This is the number of days submitted on the claim.	3
Detail EOBs	Explanation of benefits (EOB) codes that apply to the claim detail lines. These codes are used to explain why the claim was denied. There could be a maximum of 20 EOB codes per detail line.	4
Diag	Primary diagnosis submitted on the claim	7
Header EOBs	EOB codes that apply to the claim header. There could be a maximum of 20 EOB codes.	4
ICN	Unique number used to identify and track a claim processed through the system	13
Mbr Lvl	Member's level of care at the time of claims processing	3
Member ID	Member's MassHealth identification number	12
Member Name	Name of the member	29
NPI	NPI of the provider receiving the remittance advice	10



Field Descriptions – Long-Term Care (cont.)

Field	Description	Length
Oth Ins Amt	Payments made by sources outside MassHealth. This amount is deducted from the allowed amount to arrive at the paid amount.	9
Oth Ins Cd	Other insurance carrier codes indicated on the claim record. There are a maximum of 3 other insurance codes per claim.	5
PAS	Unique number used to identify the preadmission screening (PAS) number	10
Page	Current page and total number of pages within the provider's RA	8
Paid Amt	Amount that is payable for the services provided. This represents the allowed amount plus the overhead amount, minus the other insurance and deductible amounts.	9
Pat Liab Amt (Appld)	Patient liability amount applied during the claim during processing. This amount is subtracted from the allowed amount to arrive at the paid amount.	8
Pat Liab Amt (Clm)	Patient liability amount the provider submitted on the claim	8
Patient No.	Unique number assigned by the provider. This is usually used for filing or tracking purposes.	12
Payee Number	The nine-digit MassHealth provider number and one-character service location for the provider receiving the remittance advice	10
	NOTE: The space that exists between the provider id and service location in the sample is not counted in the field size.	
RA Date	Date of issue, usually the Tuesday after the cycle	8
Rev Cd	Revenue codes that pertain to the services being billed on the detail lines. May occur up to 23 times depending on the number of detail lines billed.	4
Refund Amount Applied (Adjustments Only)	Refund amount applied when the adjustment results in a negative paid amount and cash is applied in the payment cycle	9
Report	Internal report identifier	8
Run	System-generated cycle reference number	6
Service Dates – From	Earliest date of service on all the detail lines	6



Field Descriptions – Long-Term Care (cont.)

Field	Description	Length
Service Dates – Thru	Latest date of service on all the detail lines	6
Total Long Term Care Claims – Allowed Amt	Allowed amount total of all the LTC claims	11
(Adjusted, Denied, Paid, Pended & Suspended)		
Total Long Term Care Claims – Billed Amt	Total billed amount of the LTC claims	11
(Adjusted, Denied, Paid, Pended & Suspended)		
Total Long Term Care Claims – Oth Ins Amount	Total of all other insurance amounts for LTC claims	11
(Adjusted, Denied, Paid, Pended & Suspended)		
Total Long Term Care Claims – Paid Amt	Total of all the LTC claims	11
(Adjusted, Denied, Paid, Pended & Suspended)		
Total Long Term Care Adjustment Claims – Pat Liab Amt (Appld)	Total patient liability applied to the claims	10
(Adjusted, Denied, Paid, Pended & Suspended)		



Field Descriptions - Long-Term Care (cont.)

Field	Description	Length
Total Long Term Care Adjustment Claims – Pat Liab Amt (Clm) (Adjusted, Denied, Paid, Pended & Suspended)	Total patient liability submitted on the claims	10
Total No.	Total count of the number of claims on the RA for the provider	6
Total Overpayment	Net overpayment amount when the adjustment results in a negative paid amount and an accounts receivable (setup) transaction is established	9
Units	Units of service provided	7



TOTAL NO. PAID: 999,999

Paid Claims

For paid claims, the remittance advice lists all claims that are paid. Claims that include multiple detail lines may include both paid and denied detail lines in this section. A denied detail that is part of a paid claim will list the appropriate explanations of why the detail was denied.

REPORT: CRA-PHPD-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999

PROVIDER REMITTANCE ADVICE RUN: XXXXXX PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXX PROFESSIONAL CLAIMS PAID SERVICE DATES OTH INS PATIENT NO. FROM THRU BILLED AMT ALLOWED AMT COPAY AMT PAID AMT 9,999,999.99 9,999,999.99 9,999.99 9,999,999.99 RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXX OTH INS CD: 99999 99999 99999 PA: XXXXXXXXXX SERVICE DATES SERVICING BILLED PT. ALLOWED PATD SERV ST PROC CD MODIFIERS UNITS DIAG SEO FROM THRU PROV/ NPI AMOUNT AMOUNT COPAY AMOUNT DETAIL FORS RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY 9,999,999.99 9,999,999.99 9,999.99 9,999,999.99 9,999,999.99 MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXX OTH INS CD: 99999 99999 PA: XXXXXXXXXX SERVICE DATES SERVICING ALLOWED SERV ST PROC CD MODIFIERS UNITS DIAG SEQ FROM THRU PROV/ NPI AMOUNT AMOUNT XX XX XXXXX XX XX XX 9999.00 XXXXXXXX MMDDYY MMDDYY XXXXXXXXXX 9,999,999.99 9,999,999.99 99.99 99.99 99.99 99.99 99.99 TOTAL PROFESSIONAL CLAIMS PAID:

Page 48 May 2008



TOTAL PROFESSIONAL CLAIMS PENDED:

TOTAL NO. PENDED: 999,999

Pended Claims

For pended claims, the remittance advice lists all claims that are pended, along with EOB codes that explain any discrepancies between the billed and paid amounts.

REPORT: CRA-PHEN-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY

MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999

DOUBLED DEPUTING A DATE: MM/DD/YYYY

PROVIDER REMITTANCE ADVICE RUN: XXXXXX PROFESSIONAL CLAIMS PENDED PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXXX SERVICE DATES PATIENT NO. FROM BILLED AMT ALLOWED AMT OTH INS PAID AMT RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY 9,999,999.99 9,999,999.99 9,999.99 9,999,999.99 9,999,999.99 SERVICE DATES SERVICING BILLED ALLOWED PATD SERV ST PROC CD MODIFIERS UNITS DIAG SEO FROM THRU PROV/ NPI AMOUNT AMOUNT COPAY AMOUNT DETAIL EOBS 9,999,999.99 9,999.99 9,999,999.99 RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY 9,999,999.99 9,999,999.99 MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXX OTH INS CD: 99999 99999 99999 PA: XXXXXXXXXX SERVICE DATES SERVICING BILLED ALLOWED SERV ST PROC CD MODIFIERS UNITS DIAG SEQ FROM THRU PROV/ NPI AMOUNT AMOUNT COPAY AMOUNT DETAIL EOBS

May 2008 Page 49



Denied Claims

For denied claims, the remittance advice lists all claims that were denied, along with EOB codes that explain why the claims were denied.

REPORT: CRA-PHDN-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999 RUN: XXXXXX

PROVIDER REMITTANCE ADVICE

PI: XXXXXXXXX

	PROFESSIONAL CLAIMS DENIED	PAYEE NUMBER	XXXXXXXXX X NPI: XXXXXX
SERVICE DATE	S		
ICN PATIENT NO. FROM THRU	BILLED AMT ALLOWED AMT	COPAY OTH INS	
RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDY	Y 9,999,999.99 9,999,999.99	9,999.99 9,999,999.99	
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MEMBER ID: XXXXXXXXXXX OTH INS CD: 9	99999 99999 99999 PA: XXXXXXXX	X
DIAG: XXXXXXX XXXXXXX XXXXXXX XXXXXXX	XX XXXXXX XXXXXXX XXXXXXX		
HEADER EOBS: 9999 9999 9999 9999 9999	9999 9999 9999 9999 9999 9999 9999	9 9999 9999 9999 9999 9999	
PL	SERVICE DATES SERVICING BILLED	ALLOWED PAID	
SERV ST PROC CD MODIFIERS UNITS DIAG SEQ	FROM THRU PROV/ NPI AMOUNT	AMOUNT COPAY AMOUNT	DETAIL EOBS
XX XX XXXXXX XX XX XX XX 9999.00 XXXXXXXX	MMDDYY MMDDYY XXXXXXXXX 9,999,999.99	9,999,999.99 99.99 9,999,999	.99 9999 9999 9999
XX XX XXXXXX XX XX XX XX 9999.00 XXXXXXXX	MMDDYY MMDDYY XXXXXXXXX 9,999,999.99	9,999,999.99 99.99 9,999,999	.99 9999 9999 9999
XX XX XXXXXX XX XX XX XX 9999.00 XXXXXXXX	MMDDYY MMDDYY XXXXXXXXX 9,999,999.99	9,999,999.99 99.99 9,999,999	.99 9999 9999 9999
XX XX XXXXXX XX XX XX XX 9999.00 XXXXXXXX	MMDDYY MMDDYY XXXXXXXXX 9,999,999.99	9,999,999.99 99.99 9,999,999	.99 9999 9999 9999
RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDY		9,999.99 9,999,999.99	
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MEMBER ID: XXXXXXXXXXX OTH INS CD: 9	99999 99999 99999 PA: XXXXXXXX	X

PГ		SERVICE DATES SERVICE	NG BILLED	ALLOWED		PAID	
SERV	ST PROC CD MODIFIERS UNITS DIAG SEQ	FROM THRU PROV/ N	PI AMOUNT	AMOUNT	COPAY A	MOUNT DET.	AIL EOBS
XX	XX XXXXXX XX XX XX 9999.00 XXXXXXXX	MMDDYY MMDDYY XXXXXXX	xx 9,999,999.99	9,999,999.99	99.99 9,99	9,999.99 999	9 9999 9999 9999
XX	XX XXXXXX XX XX XX 9999.00 XXXXXXXX	MMDDYY MMDDYY XXXXXXX	xx 9,999,999.99	9,999,999.99	99.99 9,99	9,999.99 999	9 9999 9999 9999
XX	XX XXXXXX XX XX XX 9999.00 XXXXXXXX	MMDDYY MMDDYY XXXXXXX	xx 9,999,999.99	9,999,999.99	99.99 9,99	9,999.99 999	9 9999 9999 9999
XX	XX XXXXXX XX XX XX XX 9999.00 XXXXXXXX	MMDDYY MMDDYY XXXXXXX	xx 9,999,999.99	9,999,999.99	99.99 9,99	9,999.99 999	9 9999 9999 9999

TOTAL PROFESSIONAL CLAIMS DENIED: 999,999,999.99 999,999.99 999,999.99 999,999.99 999,999.99 TOTAL NO. DENIED: 999,999



Suspended Claims

TOTAL NO. SUSPENDED: 999,999

For suspended claims, the remittance advice lists all claims that are suspended, along with EOB codes that explain why the claims were suspended. Suspended claims appear on these RAs one time when they are initially in the suspended status. They reappear each time the claim is reworked. This is triggered by the update in the claim's location code.

REPORT: CRA-PHSU-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY

MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999

PROVIDER REMITTANCE ADVICE RUN: XXXXXX

PROVIDER REMITTANCE ADVICE PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXXX PROFESSIONAL CLAIMS SUSPENDED SERVICE DATES PATIENT NO. FROM THRU BILLED AMT ALLOWED AMT COPAY OTH INS 9,999,999.99 9,999,999.99 9,999.99 RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY 9,999,999.99 MEMBER NAME: XXXXXXXXXX XXXXXXXXXXX MEMBER ID: XXXXXXXXXXX OTH INS CD: 99999 99999 PA: XXXXXXXXXXX SERVICE DATES SERVICING BILLED PT. ALLOWED PATD SERV ST PROC CD MODIFIERS UNITS DIAG SEO FROM THRU PROV/ NPI AMOUNT AMOUNT COPAY AMOUNT DETAIL FORS RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY 9,999,999.99 9,999,999.99 9,999.99 9,999,999.99 MEMBER NAME: XXXXXXXXXX XXXXXXXXXXX MEMBER ID: XXXXXXXXXXX OTH INS CD: 99999 99999 99999 PA: XXXXXXXXXX SERVICE DATES SERVICING BILLED ALLOWED SERV ST PROC CD MODIFIERS UNITS DIAG SEQ FROM THRU PROV/ NPI AMOUNT AMOUNT COPAY AMOUNT 999,999,999.99 999,999,999.99 TOTAL PROFESSIONAL CLAIMS SUSPENDED: 999,999.99 999,999,999.99



Adjusted Claims

For adjustments, the remittance advice displays header data for the original claim and displays both header and detail data for the adjustment claim. The net result of the adjustment is also displayed, along with the accounting of any refunded money.

REPORT: CRA-PHAD-R	COMMONWEALTH OF MASSACHUSETTS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE PROFESSIONAL CLAIMS ADJUSTED	RA DATE: MM/DD/YYYY PAGE: 9999 of 9999 RUN: XXXXXX PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXX
DIAG: XXXXXXX XXXXXXX XXXXXXX	BILLED AMT ALLOWED AMT COPAY (9,999,999.99) (9,999.99) (9,999.99) (9,999.99)	
XX XX XXXXXX XX XX XX 9999.00 XXXXXXX XX XX XXXXXX XX XX XX 9999.00 XXXXXXX XX XX XXXXX XX XX XX 9999.00 XXXXXXX	SERVICE DATES SERVICING FROM THRU BILLED AMOUNT PAMOUNT AMOUNT PAMOUNT CO MMDDYY MMDDYY MMDDYY XXXXXXXXXX 9,999,999.99 9,999,999.99 9,999,999.99 9,999,99	.99 9,999,999.99 9999 9999 9999 .99 9,999,999.99 9999 99
DIAG: XXXXXXX XXXXXXX XXXXXXX XXXXXXX	9,999,999.99 9,999,999.99 9,999.99 9,9 MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999	99,999.99 PA: XXXXXXXXX
XX XX XXXXXX XX XX XX XX 9999.00 XXXXXXX XX XX XXXXXX XX XX XX 9999.00 XXXXXXXX	MMDDYY MMDDYY XXXXXXXXX 9,999,999.99 9,999,999.99 99	.99 9,999,999.99 9999 9999 9999 .99 9,999,999.99 9999 99
TOTAL PROFESSIONAL CLAIMS ADJUSTED: TOTAL NO. ADJUSTMENTS 999,999	999,999,999.99 999,999,999.99 999,999.99 999,9	99,999.99 999,999,999.99



Field Descriptions – Professional

Field	Description	Length
Additional Payment (Adjusments Only)	Additional payment amount when the adjustment results in a positive paid amount	9
Adjustment EOB (Adjusments Only)	Code identifying the purpose of the claim adjustment	4
Header EOB	Code identifying the purpose of the claim	4
Allowed Amount (Detail)	Calculated amount allowed by MassHealth for the services being billed at the detail line	9
Allowed Amt (Header)	Calculated amount allowed for the services provided on this claim. For adjustments, both the original and new allowed amounts are listed.	9
Billed Amount (Detail)	Calculated allowed amount for the item billed on each detail line	9
Billed Amt (Header)	Total amount requested by the provider for the services billed on all the detail lines. This is arrived at by adding all the billed amounts on all the detail lines.	9
Copay (Detail)	Detail amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount	4
Copay (Header)	Amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount	6
Detail EOBs	Explanation of benefits (EOB) codes that apply to each detail line on the claim form	4
Diag	Code for the condition requiring medical attention. A maximum of eight diagnosis codes can be displayed.	7
Diag Seq	Indicates whether diagnosis is primary, second, third, or fourth in the header. Values are 1, 2, 3, or 4 for paper claims; 1 through 8 for electronic claims.	8
Header EOBs	EOB codes that apply to the claim. These codes are used to explain how the claim was processed or priced. There could be a maximum of 20 EOB codes.	4
ICN	Unique number used to identify and track a claim processed through the system	13
Member ID	Member's MassHealth identification number	12
Member Name	Name of the member	29



Field Descriptions – Professional (cont.)

Field	Description	Length
Modifiers	Modifiers used to further describe the service provided. Up to four modifiers may be entered on each detail line.	2
NPI	NPI of the provider receiving the remittance advice	10
Oth Ins Amount (Header)	Payments made by sources outside of MassHealth. This amount is deducted from the allowed amount to arrive at the paid amount.	9
Oth Ins Cd	Other insurance carrier codes indicated on the claim record. There are a maximum of 3 other insurance codes per claim.	5
PA	Unique number used to identify the prior authorization (PA) number	10
Pl Serv	This may occur six times depending on the number of detail lines billed	2
Proc Cd	HCPCS code used to indicate what services were actually provided to the member by the provider.	6
Page	Current page and total number of pages within the provider's RA	8
Paid Amount (Detail)	Amount paid for the services provided at the detail line	9
Paid Amt (Header)	Amount paid for the services provided. This is arrived at by computing the allowed amount for the services and deducting the other insurance amount.	9
Patient No.	Unique number assigned by the provider. This is usually used for filing or tracking purposes.	12
Payee Number	The nine-digit MassHealth provider number and one-character service location for the provider receiving the remittance advice	10
	NOTE: The space that exists between the provider id and service location in the sample is not counted in the field size.	
RA Date	Date of issue, usually the Tuesday after the cycle	8
Refund Amount Applied (Adjustments Only)	Refund amount applied when the adjustment results in a negative paid amount and cash is applied in the payment cycle	9
Report	Internal report identifier	8
Run	System-generated cycle reference number	6



Field Descriptions – Professional (cont.)

Field	Description	Length
Service Dates - From	Earliest date of service on all the detail lines	6
Service Dates - Thru	Latest date of service on all the detail lines	6
Servicing Prov/ NPI	NPI or MassHealth provider ID / service location for the provider that performed the service billed on the line item	10
St	Claim status code for the detail line (PD = Paid, DN = Denied, SU = Suspended)	2
Total No.	Total count of the number of claims on the RA for the provider	6
Total Overpayment (Adjustments Only)	Net overpayment amount when the adjustment results in a negative paid amount and an accounts receivable (setup) transaction is established	9
Total Professional Claims Allowed Amt	Allowed amount total of all the professional claims paid	11
(Adjusted, Denied, Paid, Pended & Suspended)		
Total Professional Claims Billed Amt	Total billed amount of all the professional claims	11
(Adjusted, Denied, Paid, Pended & Suspended)		
Total Professional Claims Copay	Total of copay amounts for all the professional claims	8
(Adjusted, Denied, Paid, Pended & Suspended)		
Total Professional Claims Oth Ins Amt	Total of all other insurance amounts for the professional claims	11
(Adjusted, Denied, Paid, Pended & Suspended)		
Total Professional Claims Paid Amt	Total of all the professional claims	11
(Adjusted, Denied, Paid, Pended & Suspended)		
Units	Units of service being billed on each detail line	6



Sample Remittance Advice – Outpatient Hospital

Paid Claims

For paid claims, the remittance advice lists all claims that are paid. Claims that include multiple detail lines may include both paid and denied detail lines in this section. A denied detail that is part of a paid claim will list the appropriate explanations of why the detail was denied.

REPORT: CRA-OPPD-R

COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
OUTPATIENT CLAIMS PAID

PAGE: 9999 of 9999 RUN: XXXXXX

RA DATE: MM/DD/YYYY

PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXX

SERVICEICN PATIENT NO. FROM RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY N MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	THRU BILLED AMT MMDDYY 9,999,999.99 XXXXXX MEMBER ID: XXXXX		999,999.99 9,999,999.99	
REV CD HCPCS MODIFIERS SRV DAT	TE UNITS BILLED AMT	ALWD AMT	DETAIL EOBS	
9999 XXXXXX XX XX XX XX MMDDYY	9999999 9,999,999.99		9999 9999 9999 9999 9999 99	99 9999 9999 9999
	ON RUN 9999 ****			
9999 XXXXXX XX XX XX MMDDYY		· ·	999 9999 9999 9999 9999 999	
9999 XXXXXX XX XX XX MMDDYY	9999999 9,999,999.99	9,999,999.99 9	999 9999 9999 9999 9999 999	99 9999 9999 9999
RRYYJJJBBBSSS XXXXXXXXXXXX MMDDYY NMEMBER NAME: XXXXXXXXXXXXXXX MEMBER HEADER EOBS: 9999 9999 9999 9999 9999	ID: XXXXXXXXXXX OTH			
REV CD HCPCS MODIFIERS SRV DAT	TE UNITS BILLED AMT	ALWD AMT	DETAIL EOBS	
9999 XXXXXX XX XX XX XX MMDDYY	9999999 9,999,999.99	9,999,999.99 9	999 9999 9999 9999 9999 999	99 9999 9999 9999
9999 XXXXXX XX XX XX MMDDYY	9999999 9,999,999.99	· ·	999 9999 9999 9999 9999 999	
9999 XXXXXX XX XX XX MMDDYY	9999999 9,999,999.99	9,999,999.99 9	999 9999 9999 9999 9999 999	99 9999 9999 9999
RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY N	MMDDYY 9,999,999.99	9,999,999.99	999,999.99 9,999,999.99	9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXX MEMBER				
HEADER EOBS: 9999 9999 9999 9999	99 9999 9999 9999 9999 9	9999 9999 9999 9999	9999 9999 9999 9999 9999 9	9999
REV CD HCPCS MODIFIERS SRV DA	TE UNITS BILLED AMT	ALWD AMT	DETAIL EOBS	
9999 XXXXXX XX XX XX MMDDYY	9999999 9,999,999.99		999 9999 9999 9999 9999 999	99 9999 9999 9999
9999 XXXXXX XX XX XX MMDDYY	9999999 9,999,999.99	· ·	999 9999 9999 9999 9999 999	
9999 XXXXXX XX XX XX MMDDYY	9999999 9,999,999.99		999 9999 9999 9999 9999 9999	99 9999 9999 9999
9999 XXXXXX XX XX XX MMDDYY	9999999 9,999,999.99	· ·	999 9999 9999 9999 9999 999	99 9999 9999 9999
TOTAL OUTPATIENT CLAIMS PAID: TOTAL NO. PAID: 999,999	999,999,999.99	999,999.999.99	99,999,999.99 99,999,999.99	999,999,999.99



Sample Remittance Advice – Outpatient Hospital (cont.)

Pended Claims

For pended claims, the remittance advice lists all claims that are pended, along with EOB codes that explain any discrepancies between the billed and paid amounts.

REPORT: CRA-OPEN-R

COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
OUTPATIENT CLAIMS PENDED

RUN: XXXXXX
PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXX

RA DATE: MM/DD/YYYY

PAGE: 9999 of 9999

RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY M MEMBER NAME: XXXXXXXXXXXXXX MEMBER	THRU BILLED AMT ALLOWED AMT MDDYY 9,999,999.99 9,999,999.99 ID: XXXXXXXXXXXX OTH INS CD: 99999 999	999,999.99 9,999,999.99 9,999,999.99 99 99999 PA: XXXXXXXXXX DIAG: XXXXXXX PROC: XXXXXXX	
HEADER EOBS: 9999 9999 9999 9999 99	99 9999 9999 9999 9999 9999 9999 9999 99	99 9999 9999 9999 9999 9999 9999	
REV CD HCPCS MODIFIERS SRV DAT: 9999 XXXXXX XX XX XX XX MMDDYY	E UNITS BILLED AMT ALWD AMT 99999999 9,999,999.99 9,999,999.99	DETAIL EOBS 9999 9999 9999 9999 9999 9999 9999 99	
**** DUPLICATE ICN RRYYJJJBBBSSS	DAT DATA 0000 ++++		
		9999 9999 9999 9999 9999 9999 9999 9999	
		9999 9999 9999 9999 9999 9999 9999 9999 9999	
9999 AAAAAA AA AA AA MMDDII	3,33,33, 5,33,33,33, 3,33,,33	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY M	MDDYY 9,999,999.99 9,999,999.99	999,999.99 9,999,999.99 9,999,999.99	
		9999 99999 PA: XXXXXXXXX DIAG: XXXXXXX PROC: XXXXX	YY
	9 9999 9999 9999 9999 9999 9999 9999		21.21
HEADER EODS: 9999 9999 9999 9999	, ,,,, ,,,, ,,,, ,,,, ,,,,, ,,,,, ,,,,	, ,,,, ,,,, ,,,, ,,,, ,,,, ,,,,, ,,,,,	
REV CD HCPCS MODIFIERS SRV DAT	E UNITS BILLED AMT ALWD AMT	DETAIL EOBS	
9999 XXXXXX XX XX XX MMDDYY		9999 9999 9999 9999 9999 9999 9999 9999	
		9999 9999 9999 9999 9999 9999 9999 9999	
9999 XXXXXX XX XX XX MMDDYY	9999999 9,999,999,99 9,999,999.99		
9999 XXXXXX XX XX XX MMDDYY	9999999 9,999,999.99 9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999	
RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY M	MDDYY 9,999,999.99 9,999,999.99	999,999.99 9,999,999.99 9,999,999.99	
MEMBER NAME: XXXXXXXXXXXX MEMBER I		9 99999 PA: XXXXXXXXX DIAG: XXXXXXX PROC: XXXXXXX	
HEADER EOBS: 9999 9999 9999 9999 999	9 9999 9999 9999 9999 9999 9999 9999	9 9999 9999 9999 9999 9999 9999	
REV CD HCPCS MODIFIERS SRV DAT	E UNITS BILLED AMT ALWD AMT	DETAIL EOBS	
9999 XXXXXX XX XX XX MMDDYY	9999999 9,999,999.99 9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999	
9999 XXXXXX XX XX XX MMDDYY	9999999 9,999,999.99 9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999	
9999 XXXXXX XX XX XX MMDDYY	9999999 9,999,999.99 9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999	
9999 XXXXXX XX XX XX XX MMDDYY	9999999 9,999,999.99 9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999	
TOTAL OUTPATIENT CLAIMS PENDED: TOTAL NO. PENDED: 999,999	999,999,999.99 999,999.99	99,999,999.99 99,999,999.99 999,999,999.99	

RUN: XXXXXX

PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXX

OTH INS



Sample Remittance Advice – Outpatient Hospital (cont.)

SERVICE DATES

Denied Claims

For denied claims, the remittance advice lists all claims that were denied, along with EOB codes that explain why the claims were denied.

REPORT: CRA-OPDN-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY
MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999

PROVIDER REMITTANCE ADVICE
OUTPATIENT CLAIMS DENIED

MEMBER NAME: XXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXX OTH INS CD: 99999 99999 PA: XXXXXXXXXX DIAG: XXXXXXX PROC: XXXXXXX

9999999 9,999,999.99 9,999,999.99

9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999,999 99 999,999,999 99

REV CD HCPCS MODIFIERS SRV DATE UNITS BILLED AMT TMA CW.TA DETAIL EORS XXXXXX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 XXXXXX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99

REV CD HCPCS MODIFIERS SRV DATE UNITS BILLED AMT ALWD AMT DETAIL EOBS 9999 9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 XXXXXX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99

TOTAL NO. DENIED: 999,999

XXXXXX XX XX XX XX MMDDYY

9999



Sample Remittance Advice – Outpatient Hospital (cont.)

Suspended Claims

For suspended claims, the remittance advice lists all claims that are suspended, along with EOB codes that explain why the claims were suspended. Suspended claims appear on these RAs one time when they are initially in the suspended status. They reappear each time the claim is reworked. This is triggered by the update in the claim's location code.

REPORT: CRA-OPSU-R

COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
OUTPATIENT CLAIMS SUSPENDED

RUN: XXXXXX
PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXX

RA DATE: MM/DD/YYYY

PAGE: 9999 of 9999

SERVICE DATES OTH INS	
ICN PATIENT NO. FROM THRU BILLED AMT ALLOWED AMT COPAY AMT	
RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY 9,999,999.99 9,999,999.99 999,999.99 9,999,99	
MEMBER NAME: XXXXXXXXXXX MEMBER ID: XXXXXXXXXXX OTH INS CD: 99999 99999 PA: XXXXXXXXX DIAG: XXXXXX PROC: XXXXX	ζXX
HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9	
REV CD HCPCS MODIFIERS SRV DATE UNITS BILLED AMT ALWD AMT DETAIL EOBS	
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999,999,999,999,999,999	
**** DUPLICATE ICN RRYYJJJBBBSSS ON RUN 9999 ****	
9999 XXXXXX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 999 9	
9999 XXXXXX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 999 9	
RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY 9.999.999.99 9.999.99.99 999.999.99 9.999.99	
MEMBER NAME: XXXXXXXXXXX MEMBER ID: XXXXXXXXXXX OTH INS CD: 99999 99999 PA: XXXXXXXXX DIAG: XXXXXXX PROC: XXXXXX	CX
HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9	
REV CD HCPCS MODIFIERS SRV DATE UNITS BILLED AMT ALWD AMT DETAIL EOBS	
9999 XXXXXX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999	
9999 XXXXXX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999	
9999 XXXXXX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999	
9999 XXXXXX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999	
RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY 9,999,999.99 9,999,999.99 999,999.99 9,999,99	
MEMBER NAME: XXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXX OTH INS CD: 99999 99999 99999 PA: XXXXXXXXXX DIAG: XXXXXXXX PROC: XXXXX	XXΣ
HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9	
REV CD HCPCS MODIFIERS SRV DATE UNITS BILLED AMT ALWD AMT DETAIL EOBS	
9999 XXXXXX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 999 9	
9999 XXXXXX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999	
9999 XXXXXX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 999 9	
9999 XXXXXX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 999 9	
TOTAL OUTPATIENT CLAIMS SUSPENDED: 999,999,999.99 999,999.99 99,999,999.99 99,999,9	
TOTAL NO. SUSPENDED: 999,999	

MODIFIERS SRV DATE UNITS BILLED AMT ALWD AMT

TOTAL OUTPATIENT ADJUSTMENT CLAIMS PAID: 999,999,999.99 999,999.99

RA DATE: MM/DD/YYYY

9,999,999.99

9,999,999.99

9,999,999.99



Sample Remittance Advice – Outpatient Hospital (cont.)

Adjusted Claims

REPORT: CRA-OPAD-R

9999

TOTAL NO. ADJUSTMENTS 999,999

For adjustments, the remittance advice displays header data for the original claim and displays both header and detail data for the adjustment claim. The net result of the adjustment is also displayed, along with the accounting of any refunded money.

	MEDICAID MANAGEMENT INFORMATION SYSTEM	PAGE: 9999 of 9999
	PROVIDER REMITTANCE ADVICE	RUN: XXXXXX
	OUTPATIENT CLAIMS ADJUSTED	PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXX
SERVICE DATES		OTH INS
ICN PATIENT NO. FROM THRU BI	LLED AMT ALLOWED AMT COPAY	AMT PAID AMT
RRYYJJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY (9,9	999,999.99) (9,999,999.99) (999,999.99)	(9,999,999.99) (9,999,999.99)
RRYYJJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY 9,9	999,999.99 9,999,999.99 999,999.99	9,999,999.99 9,999,999.99
MEMBER NAME: XXXXXXXXXXX MEMBER ID: XXXXXXXXX	XXX OTH INS CD: 99999 99999 99999 PA: XXXXXX	XXXX DIAG: XXXXXXX PROC: XXXXXXX
ADJUSTMENT EOB: 9999 HEADER EOBS: 9999 9999	9999 9999 9999 9999 9999 9999 9999 9999 9999	99 9999 9999 9999 9999 9999
REV CD HCPCS MODIFIERS SRV DATE UNITS	BILLED AMT ALWD AMT DETAIL EOBS	
9999 XXXXXX XX XX XX XX MMDDYY 9999999		999 9999 9999 9999 9999 9999
		999 9999 9999 9999 9999 9999
		999 9999 9999 9999 9999 9999
9999 XXXXXX XX XX XX MMDDYY 9999999		999 9999 9999 9999 9999 9999
	TOTAL OVERPAY	·
	REFUND AMOUNT	'APPLIED 9,999,999.99
	ADDITIONAL PA	YMENT 9,999,999.99
RRYYJJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY (9,9	999,999.99) (9,999,999.99) (999,999.99)	(9,999,999.99) (9,999,999.99)
RRYYJJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY 9,9	999,999.99 9,999,999.99 999,999.99	9,999,999.99 9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXX MEMBER ID: XXXXX		
	9999 9999 9999 9999 9999 9999 9999 9999 9999	
INDOORING LOD. JOJJ HEADER EODO. JJJJ JJJJ		

TOTAL OVERPAYMENT

99,999,999.99 99,999,999.99 999,999,999.99

REFUND AMOUNT APPLIED

ADDITIONAL PAYMENT

COMMONWEALTH OF MASSACHUSETTS



Field Descriptions – Outpatient Hospital

Field	Description	Length
Additional Payment (Adjustment Only)	Additional payment amount when the adjustment results in a positive paid amount	9
Adjustment EOB (Adjustments Only)	Code identifying the purpose of the claim adjustment	4
Header EOB	Code identifying the purpose of the claim	4
Allowed Amt (Header)	Calculated allowed amount for the services provided on this claim. For adjustments, both the original and new allowed amounts are listed.	9
Alwd Amt (Detail)	Calculated allowed amount for the item billed on each detail line	9
Billed Amt (Detail)	Amount requested by the provider for the item billed on each detail line	9
Billed Amt (Header)	Amount billed by the provider for the claim	9
Copay	Amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount	8
Detail EOBs	Explanation of benefits (EOB) codes that apply to the claim detail lines. These codes are used to explain why the claim was denied. There could be a maximum of 20 EOB codes per detail line.	4
Diag	Primary diagnosis submitted on the claim	7
HCPCS	HCPCS codes that correspond to the revenue codes on each of the detail lines being billed. These codes are used to calculate the allowed amount for the services provided. This may occur up to 23 times depending on the number of detail lines.	6
Header EOBs	EOB codes that apply to the claim header. There could be a maximum of 20 EOB codes.	4
ICN	Unique number used to identify and track a claim processed through the system	13
Member ID	Member's MassHealth identification number	12
Member Name	Name of the member	29



Field Descriptions – Outpatient Hospital (cont.)

Field	Description	Length
Modifiers	Modifiers used to further describe the service provided. Up to four modifiers may be entered on each detail line.	2
NPI	NPI of the provider receiving the remittance advice	10
Oth Ins Amt	Amount paid by sources other than MassHealth being billed for the member's stay. This amount is subtracted from the allowed amount to arrive at the paid amount.	9
Oth Ins Cd	Other insurance carrier codes indicated on the claim record. There are a maximum of 3 other insurance codes per claim.	5
PA	Unique number used to identify the prior authorization (PA) number	10
Page	Current page and total number of pages within the provider's RA	8
Paid Amount	Amount that is payable for the claim	9
Patient No.	Patient No. Unique number assigned by the provider. This is usually used for filing or tracking purposes.	
Payee Number	The nine-digit MassHealth provider number and one-character service location for the provider receiving the remittance advice	10
	NOTE: The space that exists between the provider id and service location in the sample is not counted in the field size.	
Proc	Code representing the surgical procedure	7
RA Date	Date of issue, usually the Tuesday after the cycle	8
Rev Cd	Rev Cd These are the revenue codes that pertain to the services being billed on the detail lines. May occur up to 23 times depending on the number of detail lines billed.	
Refund Amount Applied (Adjustments Only)	Refund amount applied in the payment cycle, if applicable	9
Report	Internal report identifier	8
Run	System-generated cycle reference number	6
Service Dates – From	Earliest date of service on all the detail lines	6
Service Dates – Thru	Latest date of service on all the detail lines	6



Field Descriptions – Outpatient Hospital (cont.)

Field	Description	Length
Srv Date	Dates the services were actually provided. Each detail line will have a date on which the service billed on that line was provided to the member. This may occur up to 23 times depending on the number of detail lines billed.	
Total No.	Total count of the number of claims on the RA for the provider	6
Total Outpatient Claims – Allowed Amt	Total allowed amount of all the outpatient claims	11
(Adjusted, Denied, Paid, Pended & Suspended)		
Total Outpatient Claims – Billed Amt	Total billed amount of all the outpatient claims	11
(Adjusted, Denied, Paid, Pended & Suspended)		
Total Outpatient Adjustment Claims – Copay Amt	Total of all copay amounts for the outpatient claims	10
(Adjusted, Denied, Paid, Pended & Suspended)		
Total Outpatient Claims – Oth Ins Amt	Total of all other insurance amounts for the outpatient claims	10
(Adjusted, Denied, Paid, Pended & Suspended)		
Total Outpatient Claims – Paid Amt	Total of all the outpatient claims	11
(Adjusted, Denied, Paid, Pended & Suspended)		
Total Overpayment (Adjustments Only)	Net overpayment amount when the adjustment results in a negative paid amount and an accounts receivable (setup) transaction is established	9
Units	Units of service provided on the claim	7



Sample Remittance Advice -Drug Claims

Paid Claims

For paid claims, the remittance advice lists all claims that are paid. Claims that include multiple detail lines may include both paid and denied detail lines in this section. A denied detail that is part of a paid claim will list the appropriate explanations of why the detail was denied.

REPORT: CRA-DRPD-R	MEDICAID MANAGE PROVIDER	TH OF MASSACHUSETTS EMENT INFORMATION SYSTE REMITTANCE ADVICE S CLAIMS PAID			TE: MM/DD/YYYY : 9999 of 9999 RUN: XXXXXX
RRYYJJJBBBSSS XXXXXXXXXXX XXXXXXXXX RX NO: XXXXXXX MEMBER NAME: EOBS 00 9999 9999 9999 9999	IPTION QTY	9999 9999 9999 9999	ALLOWED AMT 9,999,999.99 9 XXX OTH INS CD: 99 9999 9999 9999		· ·
		XXXX MEMBER ID: XXXXXX 9999 9999 9999 9999 99	XXXXXX OTH INS CD 99 9999 9999 9999		
2020 00 1111 1111 1111 1111	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999 9999 9999 999	XXX OTH INS CD: 99 9999 9999		
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999 9999 9999 9999	XXX OTH INS CD: 99 9999 9999	99,999.99 999,999.9 99999 99999 PA: X 9999 9999	· ·
	UG CLAIMS PAID: . PAID: 999,999	999,999,999.99	99,999,999.99 99,9	99,999.99 99,999,999.9	9 999,999,999.99



Sample Remittance Advice – Drug Claims (cont.)

TOTAL NO. PENDED: 999,999

Pended Claims

For pended claims, the remittance advice lists all claims that are pended, along with EOB codes that explain any discrepancies between the billed and paid amounts.

REPORT: CRA-DREN-R COMMONWEALTH OF MASSACHUSETTS	RA DATE: MM/DD/YYYY
MEDICAID MANAGEMENT INFORMATION SYSTEM	PAGE: 9999 of 9999
PROVIDER REMITTANCE ADVICE	RUN: XXXXXX
DRUG CLAIMS PENDED	PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXX
METRIC DISP	OTH INS CO-PAY PAID
ICN NDC DESCRIPTION QTY DATE BILLED AMT ALLO	DWED AMT AMT AMT AMT
RRYYJJJBBBSSS XXXXXXXXXXX XXXXXXXXXXXXXXXXXX	99,999.99 999,999.99 999,999.99 9,999,99
RX NO: XXXXXXX MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXX	OTH INS CD: 99999 99999 PA: XXXXXXXXX
EOBS 00 9999 9999 9999 9999 9999 9999 9999	99 9999 9999 9999
01 9999 9999 9999 9999 9999 9999 9999 9	99 9999 9999 9999
RRYYJJJBBBSSS XXXXXXXXXXX XXXXXXXXXXXXXXXXXX	99,999.99 999,999.99 999,999.99 9,999,99
RX NO: XXXXXXX MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX	OTH INS CD: 99999 99999 PA: XXXXXXXXX
EOBS 00 9999 9999 9999 9999 9999 9999 9999	
01 9999 9999 9999 9999 9999 9999 9999 9	199 9999 9999 9999
	99,999.99 999,999.99 999,999.99 9,999,99
RX NO: XXXXXXX MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXX	
EOBS 00 9999 9999 9999 9999 9999 9999 9999	
01 9999 9999 9999 9999 9999 9999 9999 9	199 9999 9999 9999
	20 000 00 000 000 000 000 000 000 000 0
	99,999.99 999,999.99 999,999.99 9,999,99
RX NO: XXXXXXX	
EOBS 00 9999 9999 9999 9999 9999 9999 9999	
צע פצפע נענע נענע פענע פענע פענע פענע פע	בכבב בבבב בבבב
TOTAL DRUG CLAIMS PENDED: 999,999,999,999,99	99,999.99 99,999,999.99 99,999,999 999,999,
TOTAL DRUG CHAIMS PENDED. 999,999,999.99 999,99	2,222.22 22,222,222.22 22,222,222.22 229,999,999.99



Sample Remittance Advice – Drug Claims (cont.)

Denied Claims

For denied claims, the remittance advice lists all claims that were denied, along with EOB codes that explain why the claims were denied.

REPORT:	CRA-DRDN-R	COMMONWEALTH OF MASSACHUSETTS	RA DATE: MM/DD/YYYY
		MEDICAID MANAGEMENT INFORMATION SYSTEM	PAGE: 9999 of 9999
		PROVIDER REMITTANCE ADVICE	RIIN: XXXXXX

PROVIDER REMITTANCE ADVICE	RUN: XXXXXX
DRUG CLAIMS DENIED	PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXX
METRIC DISP	OTH INS CO-PAY
-ICN NDC DESCRIPTION OTY DATE BILLED AMT ALLOWED	AMT AMT
YYJJJBBSSS XXXXXXXXX XXXXXXXXXXXXXXXXXXXXX	99.99 999,999.99 999,999.99
NO: XXXXXX MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXX OTH	
35 (N) 999 9999 9999 9999 9999 9999 9999 9	
01 999 9999 9999 9999 9999 9999 9999 99	
01 9999 9999 9999 9999 9999 9999 9999 9	3333 3333 3333
	99.99 999.999.99 999.999.99
35 00 9999 9999 9999 9999 9999 9999 9999	
01 9999 9999 9999 9999 9999 9999 9999 9	9999 9999 9999
20.000 0.000	00 00 000 000 00
YYJJBBBSSS XXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	
NO: XXXXXXX MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXX OTH	
35 00 9999 9999 9999 9999 9999 9999 9999	
01 9999 9999 9999 9999 9999 9999 9999 9	9999 9999 9999
YYJJJBBBSSS XXXXXXXXXX XXXXXXXXXXXXXXXXXXX	
NO: XXXXXXX MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXX OTH	
35 00 9999 9999 9999 9999 9999 9999 9999	9999 9999 9999
01 9999 9999 9999 9999 9999 9999 9999 9	9999 9999 9999
TOTAL DRUG CLAIMS DENIED: 999,999,999,999 999,999,999	99.99 99,999,999.99 99,999,999.99
TOTAL NO. DENIED: 999,999	



Sample Remittance Advice – Drug Claims (cont.)

Adjusted Claims

For adjustments, the remittance advice displays header data for the original claim and displays both header and detail data for the adjustment claim. The net result of the adjustment is also displayed, along with the accounting of any refunded money.

REPORT: CRA-DRAD-R	COMMONWEALTH OF MASSACHUSETTS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE DRUG CLAIMS ADJUSTED	PAYEE NUMBER XXXXXXXX	RA DATE: MM/DD/YYYY PAGE: 9999 of 9999 RUN: XXXXXX X NPI: XXXXXXXXX
EOBS 00 9999 9999 9999 9999 9999 9999 9999		MT AMT AN .99) (999,999.99) (999,5 .99 999,999.99 999,9 NS CD: 99999 99999 99999 1 99 9999 9999	999.99) (9,999,999.99) 999.99 9,999,999.99
RRYYJJJBBBSSS XXXXXXXXXXX XXXXXXXXXXXXXXXXXX	XXX 999999.999 MMDDYY (9,999,999.99) (9,999,999	.99 999,999.99 999,9 NS CD: 99999 99999 1 99 9999 9999	9,999,999.99 9,999,999.99 9,999,999.99 (9,999,999.99) 999.99 9,999,999.99
	XXX 999999.999 MMDDYY (9,999,999.99) (9,999,999	TOTAL OVERPAYMENT REFUND AMOUNT APPLIED ADDITIONAL PAYMENT .99) (999,999.99) (999,	9,999,999.99 9,999,999.99 9,999,999.99 (9,999,999.99) (9,999,999.99
EOBS 00 9999 9999 9999 9999 9999 9999 9999		99 9999 9999	9,999,999.99 9,999,999.99 9,999,999.99
RRYYJJJBBBSSS XXXXXXXXXXX XXXXXXXXXXXXXXXXXX	XXX 999999.999 MMDDYY (9,999,999.99) (9,999,999 XXX 999999.999 MMDDYY 9,999,999.99 9,999,999 XXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH I 9 9999 9999 9999 9999 9999 9999 9999	.99) (999,999.99) (999,5 .99 999,999.99 999,5 NS CD: 99999 99999 99999 I 99 9999 9999	999.99) (9,999,999.99) 999.99 9,999,999.99 PA: XXXXXXXXXX
TOTAL DRUG ADJUSTMENT CLAIMS PAID: TOTAL NO. ADJUSTMENTS 999,999		TOTAL OVERPAYMENT REFUND AMOUNT APPLIED ADDITIONAL PAYMENT 99,999,999.99 999,999,9	9,999,999.99 9,999,999.99 9,999,999.99



Field Descriptions – Drug Claims

Field	Description	Length
Additional Payment	Additional payment amount, when applicable	9
Allowed Amt	Calculated amount allowed under MassHealth for the dispensed drug being billed. This amount is arrived at by pricing each of the individual ingredients used to formulate the compound and adding up the individual prices.	9
Billed Amt	Amount requested by the provider for the drug that was dispensed	9
Co-Pay Amt	Co-Pay Amt Amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount. The copay amount that is deducted depends on the type of drug that was dispensed.	
Description	Short description of the National Drug Code	25
Disp Date	Date the drug was actually dispensed to the member. For drug claims, this serves as the service date.	6
EOBs	Explanation of benefits (EOB) codes that apply to the drug claim form. These codes are used to explain how the claim was processed. There could be a maximum of 20 EOB codes per claim.	
EOBs (Sequence Number)	Sequential line number of the EOB code line	2
ICN	Unique number used to identify and track a claim processed through the system	13
Member ID	Member's MassHealth identification number	12
Member Name	Name of the member	29
Metric Qty	Quantity of the drug that was dispensed	9
NDC	National Drug Codes (NDCs) that pertain to the ingredients used in the compound	11
NPI	NPI of the provider receiving the remittance advice	10



Field Descriptions - Drug Claims (cont.)

Field	Description	Length
Oth Ins Amt	Amount paid for the drug by any source outside of MassHealth that is being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount.	8
Oth Ins CD	Other insurance carrier codes indicated on the claim record. There are a maximum of 3 other insurance codes per claim.	5
PA	Unique number used to identify the prior authorization (PA) number	10
Page	Current page and total number of pages within the provider's RA	8
Paid Amt	Amount paid for the drug. This is arrived at by computing the allowed amount for the drug and deducting the other insurance amount, copay amount, and the deductible amount.	9
Payee Number	MassHealth provider number and service location for the provider receiving the remittance advice NOTE: The space that exists between the provider id and service location in the sample is not counted in the field size.	10
RA Date	Date payment was issued, usually the Tuesday after the cycle	8
Rx No.	Prescription number on the prescription that was used to dispense the drug	7
Refund Amount Applied	Refund amount applied when the adjustment results in a negative paid amount and cash is applied in the payment cycle	9
Report	Internal report identifier	8
Run	System-generated cycle reference number	6
Total Drug Claims Paid – Allowed Amt	Total allowed amount of all the drug claims paid, for the provider	11
Total Drug Claims Paid – Billed Amt	Total billed amount of all the drug claims	11



Field Descriptions - Drug Claims (cont.)

Field	Description	Length
Total Drug Claims Paid - Copay Amt	Total of copay amounts for all the drug claims paid	10
Total Drug Claims Paid - Oth Ins Amt	Total of all other insurance amounts for the drug claims paid	10
Total Drug Claims Paid - Paid Amt	Total of all the drug claims paid	11
Total No. Adj	Total count of the number of adjustments on the RA for the provider	6
Total Overpayment	Net overpayment amount when the adjustment results in a negative paid amount and an accounts receivable (setup) transaction is established	9



Sample Remittance Advice - Compound Drug Claims

Paid Claims

For paid claims, the remittance advice lists all claims that are paid. Claims that include multiple detail lines may include both paid and denied detail lines in this section. A denied detail that is part of a paid claim will list the appropriate explanations of why the detail was denied.

REPORT: CRA-CDPD-R	COMMONWEALTH O	F MASSACHUSETTS I INFORMATION SYSTEM	RA DATE: MM/DD/YYYY PAGE: 9999 of 9999 RUN: XXXXXX PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXX
	PROVIDER REM	ITTANCE ADVICE	RUN: XXXXXX
	COMPOUND DRUG	G CLAIMS PAID	PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXXX
METRIC DISP		OTH INS CO-PAY	PAID
~	LLED AMT ALLOWED AMT	AMT AMT	AMT
RRYYJJJBBBSSS 999999.999 MMDDYY 9,9	99,999.99 9,999,999.99	999,999.99 999,999.99	9,999,999.99
RX NO: XXXXXXX MEMBER NAME: XXXXXXXXX			
HEADER EOBS: 9999 9999 9999 9999 99	999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999
NDC DESCRIPTION	UNITS BILLED AMT ALLO	WED AMT PAID AMT EOB CODES	
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX	999999 9,999,999.99 9,999	,999.99 9,999,999.99 9999 9999	9999 9999 9999 9999 9999 9999 9999
		9999 9999	9999 9999 9999 9999 9999 9999 9999
XXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX	999999 9,999,999.99 9,999	,999.99 9,999,999.99 9999 9999	9999 9999 9999 9999 9999 9999 9999
		9999 9999	9999 9999 9999 9999 9999 9999 9999
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXX	999999 9,999,999.99 9,999	,999.99 9,999,999.99 9999 9999	9999 9999 9999 9999 9999 9999 9999
		9999 9999	9999 9999 9999 9999 9999 9999 9999
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXX	999999 9,999,999.99 9,999	,999.99 9,999,999.99 9999 9999	9999 9999 9999 9999 9999 9999 9999
		9999 9999	9999 9999 9999 9999 9999 9999 9999
RRYYJJJBBBSSS 999999.999 MMDDYY 9,9	99,999.99 9,999,999.99	999,999.99 999,999.99	9,999,999.99
RX NO: XXXXXXX MEMBER NAME: XXXXXXXXX		· · · · · · · · · · · · · · · · · · ·	·
		9999 9999 9999 9999 9999	
NDC DESCRIPTION	UNITS BILLED AMT ALLO	WED AMT PAID AMT EOB CODES	
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX			9999 9999 9999 9999 9999 9999 9999
			9999 9999 9999 9999 9999 9999
xxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxx	999999 9.999.999 99 9.999		
			9999 9999 9999 9999 9999 9999
xxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxxx	999999 9 999 999 999		9999 9999 9999 9999 9999 9999 9999
	333333 3,333,333.33 3,333		9999 9999 9999 9999 9999 9999 9999
xxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxxxxx	000000 0 000 000 00 0 000		9999 9999 9999 9999 9999 9999 9999
AAAAAAAAAA AAAAAAAAAAAAAA	333333 3,333,333.33 3,333		9999 9999 9999 9999 9999 9999 9999
		3333 3333	3333 3333 3333 3333 3333 3333 3333
RRYYJJJBBBSSS 999999.999 MMDDYY 9,9	000 000 00 000 000	999,999.99 999,999.99	0 000 000 00
RX NO: XXXXXXX MEMBER NAME: XXXXXXXXX		· · · · · · · · · · · · · · · · · · ·	·
		9999 9999 9999 9999 9999	
			9999 9999 9999 9999
		WED AMT PAID AMT EOB CODES	
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXX	999999 9,999,999.99 9,999		9999 9999 9999 9999 9999 9999
			9999 9999 9999 9999 9999 9999 9999
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX	999999 9,999,999.99 9,999		9999 9999 9999 9999 9999 9999
			9999 9999 9999 9999 9999 9999
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXX	999999 9,999,999.99 9,999		9999 9999 9999 9999 9999 9999 9999
			9999 9999 9999 9999 9999 9999 9999
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX	999999 9,999,999.99 9,999		9999 9999 9999 9999 9999 9999 9999
		9999 9999	9999 9999 9999 9999 9999 9999 9999
TOTAL COMPOUND CLAIMS PAID: 999,999,999	.99 999,999,999.99 99,999	9,999.99 99,999,999.99 999,9	99,999.99



Sample Remittance Advice - Compound Drug Claims (cont.)

Pended Claims

For pended claims, the remittance advice lists all claims that are pended, along with EOB codes that explain any discrepancies between the billed and paid amounts.

REPORT: CRA-CDEN-R COMMONWEALTH OF MASSACHUSETTS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE COMPOUND DRUG CLAIMS PENDED	RA DATE: MM/DD/YYYY PAGE: 9999 of 9999 RUN: XXXXXX PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXX
METRIC DISP OTH INS CO-PAY	PAID
ICN OTY DATE BILLED AMT ALLOWED AMT AMT AMT	AMT
RRYYJJJBBBSSS 99999.999 MMDDYY 9,999,999.99 9,999,999.99 999,999.99 999,999.99	9,999,999.99
RX NO: XXXXXXX MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXX OTH INS CD:	99999 99999 99999 PA: XXXXXXXXX
HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9	9999 9999 9999
NDC DESCRIPTION UNITS BILLED AMT ALLOWED AMT PAID AMT EOB CODES	
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX 999999 9,999,99	
	9999 9999 9999 9999 9999 9999 9999
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX 999999 9,999,99	
	9999 9999 9999 9999 9999 9999 9999
	9999 9999 9999 9999 9999 9999 9999
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX 99999 9,999,99	
	9999 9999 9999 9999 9999 9999 9999
3333 3333	
RRYYJJJBBBSSS 99999.999 MMDDYY 9,999,999.99 9,999,999.99 999,999.99 999,999.99	9,999,999.99
RX NO: XXXXXXX MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXX OTH INS CD:	99999 99999 99999 PA: XXXXXXXXX
HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9	9999 9999 9999
NDC DESCRIPTION UNITS BILLED AMT ALLOWED AMT PAID AMT EOB CODES	
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX 999999	
	9999 9999 9999 9999 9999 9999
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX 999999 9,999,99	
	9999 9999 9999 9999 9999 9999 9999
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX 999999 9,999,99	
	9999 9999 9999 9999 9999 9999 9999
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX 999999	9999 9999 9999 9999 9999 9999 9999
7777	3333 3333 3333 3333 3333 3333 3333
RRYYJJJBBSSS 99999.99 MMDDYY 9,999.99 9,999.99 999,999.99 999,999.99	9,999,999.99
RX NO: XXXXXX MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXX OTH INS CD:	
HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9	
NDC DESCRIPTION UNITS BILLED AMT ALLOWED AMT PAID AMT EOB CODES	
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX 999999	9999 9999 9999 9999 9999 9999 9999
tere tere	9999 9999 9999 9999 9999 9999 9999
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX 999999	
	9999 9999 9999 9999 9999 9999 9999
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX 999999 9,999,99	
	9999 9999 9999 9999 9999 9999
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX 999999 9,999,99	
9999 9999	9999 9999 9999 9999 9999 9999
TOTAL COMPOUND CLAIMS PENDED: 999,999,999.99 999,999,999.99 99,999,99	99,999.99



Sample Remittance Advice - Compound Drug Claims (cont.)

Denied Claims

For denied claims, the remittance advice lists all claims that were denied, along with EOB codes that explain why the claims were denied.

REPORT: CRA-CDDN-R COMMONWEALTH OF MASSACHUSETTS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE COMPOUND DRUG CLAIMS DENIED	RA DATE: MM/DD/YYYY PAGE: 9999 of 9999 RUN: XXXXXX PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXX
METRIC DISP OTH INS CO-PAY	
ICN QTY DATE BILLED AMT ALLOWED AMT AMT AMT	
RRYYJJJBBBSSS 999999.999 MMDDYY 9,999,999.99 9,999,999.99 999,999.99 999,999.99	
RX NO: XXXXXXX MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD	
HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9	
NDC DESCRIPTION UNITS BILLED AMT ALLOWED AMT PAID AMT EOB COD XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX 999999	
	999 9999 9999 9999 9999 9999 9999 9999
XXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX 999999 9.999.99	
	999 9999 9999 9999 9999 9999 9999 9999
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX 999999	999 9999 9999 9999 9999 9999 9999 9999
9999 99	999 9999 9999 9999 9999 9999 9999 9999
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX 999999	
****	999 9999 9999 9999 9999 9999 9999 9999
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX 999999	
9999 99	999 9999 9999 9999 9999 9999 9999 9999
RRYYJJJBBBSSS 999999.999 MMDDYY 9,999,999.99 9,999,999.99 999,999.99 999,999.99	
RX NO: XXXXXXX MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD	o: 99999 99999 99999 PA: XXXXXXXXX
HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9	
NDC DESCRIPTION UNITS BILLED AMT ALLOWED AMT PAID AMT EOB COD	DES
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX 999999	999 9999 9999 9999 9999 9999 9999 9999
9999 99	999 9999 9999 9999 9999 9999 9999 9999
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX 999999	
****	999 9999 9999 9999 9999 9999 9999 9999
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX 999999	
****	999 9999 9999 9999 9999 9999 9999 9999
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX 999999 9,999,99	999 9999 9999 9999 9999 9999 9999
RRYYJJJBBBSSS 999999.999 MMDDYY 9,999,999.99 9,999,999.99 999,999.99 999,999.99	
RX NO: XXXXXX MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXX OTH INS CD	o: 99999 99999 99999 PA: XXXXXXXXX
HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9	
NDC DESCRIPTION UNITS BILLED AMT ALLOWED AMT PAID AMT EOB COD	
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX 999999	999 9999 9999 9999 9999 9999 9999 9999
	999 9999 9999 9999 9999 9999 9999 9999
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX 999999	
	999 9999 9999 9999 9999 9999 9999 9999
XXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX 999999	
****	999 9999 9999 9999 9999 9999 9999 9999
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX 999999	999 9999 9999 9999 9999 9999 9999 9999 999 9999 9999 9999 9999 9999 9999 9999
עפ פעפע	צצצע צענע ענעע ענעע ענעע ענעע נפפע פפפע פ
TOTAL COMPOUND CLAIMS DENIED: 999,999,999.99 999,999.99 99,999,999.99 99,999,9	



Sample Remittance Advice - Compound Drug Claims (cont.)

Adjusted Claims

For adjustments, the remittance advice displays header data for the original claim and displays both header and detail data for the adjustment claim. The net result of the adjustment is also displayed, along with the accounting of any refunded money.

REPORT: CRA-CDAD-R COMMONWEALTH OF MASSACHUSETTS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE COMPOUND DRUG CLAIMS ADJUSTED	RA DATE: MM/DD/YYYY PAGE: 9999 of 9999 RUN: XXXXXX PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXX
METRIC DISP OTH INS CO-PAY ICN QTY DATE BILLED AMT ALLOWED AMT AMT AMT RRYYJJJBBBSSS 999999.999 MMDDYY (9,999,999.99) (9,999,999.99) (999,999.99) (999,999.99) (999,999.99) RRYYJJJBBBSSS 99999999 MMDDYY 9,999,999.99 9,999,999.99 999,999.99 999,999.99	PAID AMT (9,999,999.99) 9,999,999.99
RX NO: XXXXXXX MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9	9999 9999 9999
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX 999999	9999 9999 9999 9999 9999 9999 9999
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX 999999	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 9999 TOTAL OVERPAYMENT REFUND AMOUNT APPLIED ADDITIONAL PAYMENT	9999 9999 9999 9999 9999 9999 9,999,999.99 9,999,999.99 9,999,999
RRYYJJJBBBSSS 999999.999 MMDDYY (9,999,999.99) (9,999,999.99) (999,999.99) (999,999.99) (999,999.99) RRYYJJJBBBSSS 999999.999 MMDDYY 9,999,999.99 9,999,999.99 999,999.99	(9,999,999.99) 9,999,999.99
RX NO: XXXXXXX MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999 9999 9999
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX 999999) 9999 9999 9999 9999 9999 9999) 9999 9999 9999 9999 9999 9999
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX 999999) 9999 9999 9999 9999 9999 9999) 9999 9999 9999 9999 9999 9999
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX 999999	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
TOTAL OVERPAYMENT REFUND AMOUNT APPLIED ADDITIONAL PAYMENT 9,99	9,999,999.99 9,999,999.99 99,999.99
TOTAL COMPOUND ADJUSTMENT CLAIMS PAID: 999,999,999,999,999,999,999,999,999,99	99,999.99



Field Descriptions – Compound Drug Claims

Field	Description	Length
Additional Payment	Additional payment amount, when applicable	9
Allowed Amt (Header)	Calculated amount under the MassHealth for the dispensed drug being billed. This amount is arrived at by pricing each of the individual ingredients used to formulate the compound and adding up the individual prices.	9
Allowed Amt (Detail)	Calculated amount allowed for the detail item billed	9
Billed Amt (Detail)	Amount requested by the provider for the item billed on each detail line	9
Billed Amt (Header)	Amount requested by the provider for the drug that was dispensed	9
Copay Amt	Amount that the member should pay and is deducted from the allowed amount. The copay amount that is deducted depends on the type of drug that was dispensed.	8
Description	Short description of the National Drug Code	25
Disp Date	Date the drug was dispensed to the member. For drug claims, this serves as the service date.	
EOB Codes	Detailed Explanation of benefits (EOB) codes that apply to the detail on the compound drug claim form. There can be a maximum of 20 EOB codes per detail.	4
Header EOBS	EOB codes that apply to the header on the compound drug claim form. There can be a maximum of 20 EOB codes per claim.	4
ICN	Unique number used to identify and track a claim processed through the system	13
Member ID	Member's MassHealth identification number	12
Member Name	Name of the member	29
Metric Qty	Quantity of the drug that was dispensed	5



Field Descriptions - Compound Drug Claims (cont.)

Field	Description	Length
NDC NDCs that correspond to the ingredients used. To is a maximum of 15 ingredients that can be entered on one claim.		11
NPI	NPI of the provider receiving the remittance advice	10
Oth Ins Amt	Amount paid for the drug that is being billed by any source outside of MassHealth. If present, this amount is subtracted from the allowed amount to arrive at the paid amount.	8
Oth Ins CD	Other insurance carrier codes indicated on the claim record. There are a maximum of 3 other insurance codes per claim.	5
PA	Unique number used to identify the prior authorization (PA) number	10
Page	Current page and total number of pages within the provider's remittance advice	8
Paid Amount (Detail)	Amount that is payable for the claim detail line	9
Paid Amt (Header)	Amount paid for the drug. This is arrived at by computing the allowed amount for the drug and deducting the other insurance amount and copay amount.	9
Payee Number	MassHealth provider number and service location for the provider receiving the remittance advice. NOTE: The space that exists between the provider ID and service location in the sample is not counted in the field size.	10
RA Date	Date payment was issued, usually the Tuesday after the cycle	8
Rx No.	Prescription number on the prescription that was used to dispense the drug	7
Refund Amount Applied	Refund amount applied when the adjustment results in a negative paid amount and cash is applied in the payment cycle	9
Report	Internal report identifier	8
Run	System-generated cycle reference number	6



Field Descriptions - Compound Drug Claims (cont.)

Field	Description	Length
Total Compound Claims Paid - Allowed	Total amount allowed for claims for the payee	11
Total Compound Claims Paid - Billed	Total amount billed for the payee	11
Total Compound Claims Paid - Copay	Total amount of copay for the payee's claims	10
Total Compound Claims Paid - Oth Ins Amt	Total amount of other insurance for the payee's claims	10
Total Compound Claims Paid - Paid	Total amount paid for the payee's claims	11
Total No. Adj	Total count of the number of adjustments on the RA for the provider	6
Total Overpayment Net overpayment amount when the adjustment results in a negative paid amount and an accounts receivable (setup) transaction is established		9
Units	Quantity of the ingredient(s) used	6



Sample Remittance Advice - Financial Transactions

This section of the remittance advice details the provider's weekly financial activity for both payouts and non-claim specific refunds received and applied during the current financial cycle. In addition, it lists all outstanding accounts receivables (A/R) in A/R number order, and all of the provider's outstanding accounts receivables on a weekly basis. An example of this remittance advice is shown below.

REPORT: CRA-TRAN-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY

MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999

PROVIDER REMITTANCE ADVICE RUN: XXXXXX

FINANCIAL TRANSACTIONS PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXXX

-----EXPENDITURES-----

TRANSACTION NUMBER	AMOUNT	REASON CODE	RENDERING PROVIDER/NPI	SVC DATE FROM THRU	MEMBER ID	MEMBER NAME
99999999	9,999,999.99	9999	XXXXXXXXX	MMDDYY MMDDYY	xxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxxxxxxxxx
99999999	9,999,999.99	9999	XXXXXXXXX	MMDDYY MMDDYY	XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
99999999	9,999,999.99	9999	XXXXXXXXX	MMDDYY MMDDYY	XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
99999999	9,999,999.99	9999	XXXXXXXXX	MMDDYY MMDDYY	XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
99999999	9,999,999.99	9999	XXXXXXXXX	MMDDYY MMDDYY	XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
99999999	9,999,999.99	9999	XXXXXXXXX	MMDDYY MMDDYY	XXXXXXXXXXX	xxxxxxxxxxxxxxxxxxxxxxxxxxxxx

TOTAL EXPENDITURES: 999,999,999.99

-----ACCOUNTS RECEIVABLE-----

A/R NUMBER 99999999 99999999 99999999 99999999	SETUP DATE MMDDYY MMDDYY MMDDYY MMDDYY MMDDYY MMDDYY	RECOUP THIS CYCLE 9,999,999.99 9,999,999.99 9,999,999.99 9,999,999.99 9,999,999.99	ORIGINAL AMOUNT 9,999,999.99 9,999,999.99 9,999,999.99 9,999,99	TOTAL RECOUPMENT 9,999,999.99 9,999,999.99 9,999,999.99 9,999,99	BALANCE 9,999,999.99 9,999,999.99 9,999,999.99 9,999,99	REASON CODE 9999 9999 9999 9999	ADJUSTMENTICN RRYYJJJBBBSSS RRYYJJJBBBSSS RRYYJJJBBBSSS RRYYJJJBBBSSS RRYYJJJBBBSSS RRYYJJJBBBSSS
999999999	MMDDYY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999	RRYYJJJBBBSSS

-----PAYMENT DEDUCTIONS-----

TRANSACTION	SETUP	DEDUCTED	ORIGINAL	TOTAL		REASON
NUMBER	DATE	THIS CYCLE	AMOUNT	DEDUCTED	BALANCE	CODE
XXXXXXXXXXX	MMDDYY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999
XXXXXXXXXXX	MMDDYY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999
XXXXXXXXXXX	MMDDYY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999
XXXXXXXXXXX	MMDDYY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999
XXXXXXXXXXX	MMDDYY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999
XXXXXXXXXXX	MMDDYY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999
XXXXXXXXXXX	MMDDYY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999

TOTAL PAYMENT DEDUCTIONS: 999,999,999.99 999,999.99 999,999,999.99 999,999.99 999,999.99



Field Descriptions – Financial Transactions

Field	Description	Length
A/R Number	A/R Number Unique number identifying the accounts receivable number assigned during processing	
Adjustment ICN	Unique number used to track claims activity through the system. If the A/R was set up as a result of an adjustment, this number is the adjustment ICN. For manually established accounts receivables, this field is left blank.	13
Amount	Amount of the expenditure	9
Balance	Account receivable balance remaining after the current weekly financial cycle processes	9
Balance (Payment Deductions)	Balance remaining in the payment deduction after the current weekly financial cycle processes	9
Deducted This Cycle (Payment Deductions)	Amount deducted this financial cycle	9
Member ID	Member's Medicaid identification number. For expenditures, if there is a member associated with this expenditure, an ID is displayed. Otherwise it is blank.	12
Member Name	Member's first and last name. For expenditures, if there is a member associated with this expenditure, a name will appear. Otherwise it will be blank.	29
NPI	NPI of the provider receiving the remittance advice	10
Original Amount	Amount of the original A/R setup	9
Original Amount (Payment Deductions)	Amount of the original payment deduction setup	9
Page	Current page and total number of pages within the provider's RA	8
Payee Number	The nine-digit MassHealth provider number and one- character service location for the provider receiving the remittance advice	10
	NOTE: The space that exists between the provider id and service location in the sample is not counted in the field size.	
RA Date	Date of issue, usually the Tuesday after the cycle	8



Field Descriptions – Financial Transactions (cont.)

Field	Description	Length
Reason Code (A/R)	Code that identifies the type and reason the A/R was established	4
Reason Code (Expenditure)	Code assigned to indicate the purpose of the expenditure	4
Reason Code (Payment Deductions)	Code that identifies the type and reason the A/R was established	4
Recouped This Cycle	Amount recouped this financial cycle	9
Rendering Provider/NPI	NPI or the MassHealth provider number used to identify the provider that performed the service	10
Report	Internal report identifier	8
Run	System-generated cycle reference number	6
Svc Date From	Earliest date of service of the expenditure	6
Svc Date Thru	Last date of service of the expenditure	6
Setup Date (Accounts Receivable)	Date of the original A/R setup	6
Setup Date (Payment Deductions)	Date the original payment deduction was setup	6
Total Accts Receivables (Balance)	Total of A/R balance remaining after the current weekly financial cycle processes	11
Total Accts Receivables (Original Amount)	Sum of the original A/R setup	11
Total Accts Receivables (Recoup This Cycle)	Sum of the amount recouped this financial cycle	11
Total Accts Receivables (Total Recoupment)	Sum of A/Rs recouped the current cycle and previous cycles	11



Field Descriptions – Financial Transactions (cont.)

Field	Description	Length
Total Deducted (Payment Deductions)	Total amount deducted in the current cycle and previous cycles	9
Total Expenditures (Expenditures)	Sum of all expenditures for all transaction numbers	11
Total Payment Deductions (Balance)	Sum of the payment deduction balance after the current weekly financial cycle processes	11
Total Payment Deductions (Original Amount)	Sum of the original payment deduction setup	11
Total Payment Deductions (Total Deducted)	Sum of all deductions in the current cycle and previous cycles	11
Total Payment Deductions (Deducted This Cycle)	Sum deducted within this financial cycle	11
Total Recoupment	Total amount recouped the current cycle and previous cycles	9
Transaction Number (Expenditures)	Number assigned by the system to uniquely identify expenditure	9
Transaction Number (Payment Deductions)	Number assigned by the system to uniquely identify the payment deduction	9



Sample Remittance Advice - Third-Party-Liability Information

This section lists third-party-liability (TPL) information pertinent to claims processed during the current financial cycle. It lists all TPL carriers pertinent to the members to whom services were provided, and the information necessary for billing a third-party carrier on claims denied for failing TPL edits. An example of the TPL remittance advice is shown below.

REPORT: CRA-TPLP-R	COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999 PROVIDER REMITTANCE ADVICE RUN: XXXXXX TPL INFORMATION PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXX
MEMBER NAME POLICY HOLDER NAME	MEMBER NUMBERICN CARRIER/EMP ID CARRIER/EMPLOYER NAME POLICY NUMBER / GROUP NUMBER BILLING ADDRESS COVERAGE DATES / SVC. TYPE / INS. TYPE / DESCRIPTION
XXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXX RRYYJJJBBBSS XXXXXXX XXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXX RRYYJJJBBBSS XXXXXXX XXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXX RRYYJJJBBBSS XXXXXXX XXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXX RRYYJJJBBBSS XXXXXXX XXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXX RRYYJJJBBBSS XXXXXXX XXXXXXXXXXXXXXXXXXXXXXX



Field Descriptions – TPL Information

Field	Description	Length
Billing Address	Address where insurance claims are to be sent to bill the other insurance carrier. This includes a 31-character street address, 15-character city, two-character state abbreviation, and nine-digit zip code.	57
Carrier/Emp ID	Number assigned to the member's insurance carrier or employer, if the employer is self-insured	7
Carrier/Employer Name	Name of the insurance carrier or the name of the member's employer if the employer is self-insured	45
Coverage Dates (Begin)	Effective begin date of this coverage code	6
Coverage Dates (End)	Effective end date of this coverage code	6
Description	Description of the other insurance plan	50
Group Number	Number assigned to the employer group insured under the other insurance carrier. The group number does not apply to non-employer based policies.	16
ICN	Unique number used to identify and track a claim processed through the system	13
Ins. Type	Code identifying the type of insurance policy within a specific insurance program	3
Member Name	Name of the member. Shortened to the first 13 characters of the first name, one character for the middle initial and first 16 characters of the last name.	30
Member Number	Member's MassHealth identification number	12
NPI	NPI of the provider receiving the remittance advice	10
Page	Current page and total number of pages within the provider's RA	8
Payee Number	The nine-digit MassHealth provider number and one-character service location for the provider receiving the remittance advice	10
	NOTE: The space that exists between the provider ID and service location in the sample is not counted in the field size.	
Policy Number	Individual identification number assigned to the policyholder by the private insurance carrier	16



Field Descriptions – TPL Information (cont.)

Field	Description	Length
Policyholder Name	Name of the owner of the insurance policy under which the member could be covered. This may or may not be the member.	29
RA Date	Date of issue, usually the Tuesday after the cycle	8
Report	Internal report identifier	8
Run	System-generated cycle reference number	6
Svc. Type	HIPAA service type code that describes the type of coverage a member has with a policy	2



Sample Remittance Advice – Summary Advice

The provider remittance advice summary is generated for each cycle of claims payment to summarize all claim and financial activity for each weekly cycle and to report year-to-date totals of all claim and financial activity. It also supplies the provider with information about payment deductions that were withheld during the current cycle and year-to-date. An example of this summary is shown below.

REPORT:	CRA-SUMM-R	MEDICAID PRO	NWEALTH OF MASSACHUS MANAGEMENT INFORMATI VIDER REMITTANCE ADV SUMMARY	ON SYSTEM ICE PAY		
	CLAIMS PAID CLAIM ADJUSTMENTS TOTAL CLAIMS PAYMENTS CLAIMS DENIED CLAIMS SUSPENDED CLAIMS PENDED	CURRENT NUMBER 999,999 999,999 999,999 999,999 999,999	, ,		YEAR-TO-DATE AMOUNT 999,999,999,999.99 999,999,999,999.99 999,999,	
			PAYMEN	T DATA		-
	PAYMENTS: CLAIMS PAYMENTS		999,999,999.99		999,999,999,999.99	
	CAPITATION PAYMENT EXPENDITURES ACCOUNTS RECEIVABLE RECOUPMENTS: PAYMENT DEDUCTIONS		999,999,999.99 999,999,999.99 (999,999,999.99) (999,999,999.99)		999,999,999,999.99 999,999,999,999.99 (999,999,999,999.99 (999,999,999,999.99)
	NET PAYMENT		999,999,999.99		999,999,999,999.99	
	VOUCHER NUMBER:		xxxxxxxx			



Field Descriptions – Summary Advice

Field	Description	Length
Current Amount Accounts Receivable Recoupments	Total amount of all claim-specific accounts receivables (A/R) recouped during the current financial cycle	11
Current Amount Capitation Payment	Total amount of the capitation payment	11
Current Amount Claim Adjustments	Total of all positive adjustment claims finalized during the current financial cycle. Negative adjustments, which result in an A/R adjustment, are reported below in the offsets section.	11
Current Amount Claims Paid	Total amount of the claims paid during the current weekly financial cycle	11
Current Amount Claims Payments	Total amount of all claims paid and positive adjustments finalized from the current weekly financial cycle. This number is propagated from the total claims payment field of the claims data section.	11
Current Amount Expenditures	Total amount of all non-claim-specific payouts made to the provider for the current financial cycle. This also accounts for managed care other payments.	11
Current Amount Net Payment	Sum of all claim payments less any offsets for the current financial cycle. This amount equals the provider's weekly payment request sent to MMARS.	11
Current Amount Payment Deductions	Total amount of all payment deductions recouped during the current financial cycle	11
Current Amount Total Claims Payments	Total amount of all claims paid and the amount of all positive adjustments finalized during the current weekly cycle	11
Current Number Claim Adjustments	Total number of all positive claim adjustments finalized during the current financial cycle. Negative adjustments that result in an A/R adjustment are reported below in the offsets section.	6
Current Number Claims Denied	Total number of claims denied during the current financial cycle	6
Current Number Claims Paid	Total number of claims paid during the current weekly financial cycle	6
Current Number Claims Pended	Total number of claims pended during the current weekly financial cycle	6
Current Number Claims Suspended	Total number of claims suspended during the current weekly financial cycle	6



Guide to the Remittance Advice for Paper Claims and Electronic Equivalents DRAFT

Field Descriptions – Summary Advice (cont.)

Field	Description	Length
Current Number Total Claims Payments	Total number of claims paid and positive adjustments finalized during the current weekly financial cycle	6
NPI	NPI of the provider receiving the remittance advice	10
Page	Current page and total number of pages within the provider's RA	8
Payee Number	The nine-digit MassHealth provider number and one-character service location for the provider receiving the remittance advice	10
	NOTE: The space that exists between the provider ID and service location in the sample is not counted in the field size.	
RA Date	Date of issue, usually the Tuesday after the cycle	8
Report	Internal report identifier	8
Run	System-generated cycle reference number	6
Voucher Number	System-assigned reference number that uniquely identifies a payment request to MMARS	9
Year-to-Date Amount Accounts Receivable Recoupments	Summary of all the cycles A/R recouped year to date	14
Year-to-Date Amount Capitation Payment	Total amount of the capitation payments year to date	14
Year-to-Date Amount Claims Adjustments	Total amount of all positive adjustments finalized year to date	14
Year-to-Date Amount Claims Paid	Total amount of claims paid year to date	14
Year-to-Date Amount Claims Payments	Total amount of all claims paid and the amount of all positive adjustments finalized year to date	14
Year-to-Date Amount Net Payment	Sum of all claims payments less any offsets year to date	14
Year-to-Date Amount Payment Deductions	Total amount of all payment deductions recouped year to date	14
Year-to-Date Amount System Expenditures	Total amount of all non-claim-specific payouts made to the provider year to date. This also accounts for year-to-date managed care other payments.	14
Year-to-Date Amount Total Claims Payments	Total amount of all claims paid and positive adjustments finalized year to date. This number is propagated from the total claims payment field of the claims data section.	14



Guide to the Remittance Advice for Paper Claims and Electronic Equivalents DRAFT

Field Descriptions – Summary Advice (cont.)

Field	Description	Length
Year-to-Date Number Claims Adjustments	Total number of positive adjustments finalized year to date	7
Year-to-Date Number Claims Denied	Total number of claims denied year to date	7
Year-to-Date Number Claims Paid	Total number of claims paid year to date	7
Year-to-Date Number Total Claims Payments	Total number of claims paid and positive adjustments finalized year to date	7



Sample Remittance Advice – EOB Code Description

A sample of the explanation of benefits (EOB) is shown below. It lists all the EOB codes used in the preceding remittance advice (RA) pages and displays their corresponding descriptions. The purpose of this report is to give the provider a better explanation of the reasons why claims were either suspended or denied. The EOB codes are also used to explain any discrepancies between amounts billed and amounts paid on paid claims.

REPORT: CRA-EOBM-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY

MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999

PROVIDER REMITTANCE ADVICE RUN: XXXXXX

EOB CODE DESCRIPTIONS PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXXX

EOB COD	E EOB CODE DESCRIPTION
EOB CODE 9999 9999 9999 9999 9999 9999 9999 9	E
9999	***************************************
9999	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
9999	***************************************



Field Descriptions - EOB Code Description

Field	Description	Length
EOB Code	Explanation of benefits (EOB) codes that were applied to the submitted claims - either on the header or detail lines. These codes are used to explain the status of the claim. There is a maximum of 20 EOB codes per claim header and 20 EOB codes per detail line.	4
EOB Code Description	English descriptions corresponding to the EOB codes that were used. These descriptions give the provider the reasons why submitted claims were suspended, denied, or not paid in full.	100
NPI	NPI of the provider receiving the remittance advice	10
Page	Current page and total number of pages within the provider's RA	8
Payee Number	Nine-digit MassHealth provider number and one-character service location of the provider receiving the remittance advice NOTE: The space between the provider ID and service location in the sample is not counted in the field size.	10
RA Date	Date payment was issued, usually the Tuesday after the cycle	8
Report	Internal report identifier	8
Run	System-generated cycle reference number	6